Your Name Date & Time:

Over the last 24 hrs: Circle comments that apply

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| How was your mood? | Content/  happy | | Sad/  blue | | | Agitated | | | | Listless | | | Other |
| How was your appetite? | Hungry | | Eating normally | | | | Little interest in food | | | | | | |
| Any changes in stool or urination? Please describe. |  | | | | | | | | | | | | |
| Unusual sweating? Please describe. |  | | | | | | | | | | | | |
| Changes in energy level? | More tired | | Normal | | | | More vigorous | | | | | | |
| \*Do you have any symptoms of a respiratory infection? Please describe: |  | | | | | | | | | | | | |
| Do you have any symptoms of joint inflammation? Please describe: |  | | | | | | | | | | | | |
| How was your breathing? | Wheezing | | Short of breath | | Unusually free | | | | Normal | | | Other | |
| Any coughing or hoarseness? |  | | | | | | | | | | | | |
| Any unusual or challenging life events? |  | | | | | | | | | | | | |
| Unusual pains? |  | | | | | | | | | | | | |
| Unusual release from pain? |  | | | | | | | | | | | | |
| Unusual pleasurable experience? |  | | | | | | | | | | | | |
| Other unusual experiences? |  | | | | | | | | | | | | |
| Did you feel more or less resilient to challenges? |  | | | | | | | | | | | | |
| \*How many hours did you sleep last night? |  | | | | | | | | | | | | |
| Please rate your sleep. | Sound | Peaceful | | Restless | | | | Broken | | | Other | | | |
|  | | | | | | | | | | | | | | |
| What medication & supplements did you take? If you have provided this list previously, only indicate changes in what you are taking. Be sure to list antibiotics and hormones including melatonin. Use additional space if needed. | | | | | | | | | | | | | |

You will learn various exercises and techniques over the course of this study. Below indicate which exercises you did on this day and what experiences you had during, and how you felt immediately after, including any enjoyment or sense of benefit.

Please comment on any unusual feelings of lightness, vibration, ease, stability, power, peace, joy, pulsation, solidity, oneness, openness, flow, clarity, love, integration—or lack thereof.

Name: Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Which exercises did you do today? | Time(s) of day | Total time. | Impressions: (please be detailed) |
| Shakeout |  |  |  |
| Draw down the Heavens |  |  |
| Embrace the Earth |  |  |
| Basic Standing-Releasing down into Earth |  |  |
| Grounding |  |  |
| Breathing Exercise –  Kidney breathing |  |  |
| Tantien Breathing |  |  |
| Prolonging the exhale |  |  |
| Hissing Breath |  |  |
| Vocalizing –Lung Sound Shhh |  |  |
| Vocalizing- Aah Sound |  |  |
| Visualizing breath:  Healing on in-breath, obstructions on out-breath |  |  |
| Visualizing breathing coupled with Horse stance and gestures |  |  |
| Self Massage  Arm, leg, body: Tapping & patting |  |  |
| Self Massage  Arm, leg, body: Stroking |  |  |
| Self Massage  Arm, leg, body: Point Massage |  |  |