

## RELAXATION SELF ASSESSMENT WORKSHEET

DATE: \_\_\_\_\_

EVENT	AMOUNT OF TIME (MINUTES)	RELAXATION LEVEL (0 (LOW) - 3 (VERY HIGH))	EMOTIONAL STATE BEFORE (0 (LOW) - 3 (VERY HIGH))	EMOTIONAL STATE AFTER (0 (LOW) - 3 (VERY HIGH))	PHYSICAL STATE BEFORE (0 (LOW) - 3 (VERY HIGH))	PHYSICAL STATE AFTER (0 (LOW) - 3 (VERY HIGH))	ADDITIONAL COMMENT