

¿ WHICH OF YOUR ISSUES DO YOU WANT TO FOCUS ON TODAY?

Name: _____

Today's Date: _____ / _____ / _____ **Page #** A **Session #** _____

IN ONE BRIEF SENTENCE, list your **PRESENT STATE**. Calibrate On a scale from 1 to 10: 10 being the most difficult. Tell me about **how you are feeling**, what your state of mind is, what you think or feel is your problem, and what's your emotional and mental state right now and **why you seek help**. **Make short a list of what is NOT working** for you right now. Include: **Physical Symptoms:** muscle tension, tight breathing, and discomfort, overweight. **Mental Symptoms:** over thinking, worries, self-criticisms, negative projections, fear thoughts **Emotional Symptoms:** negative feelings about yourself or others, anger, frustration, hurt, loss, sadness, anxiety, fear, etc.)

1.
2.
3.
4.
5.
6.

AFTER THE SESSION

LIST ALL THE POSITIVE CHANGES YOU PERCEIVED HAVE HAPPENED AS A RESULT OF THE PREVIOUS SESSION FOR EACH ITEM YOU PREVIOUSLY NOTED. Make sure to list even the things you think are irrelevant or unimportant. Include your state of mind and what type of positive emotions you experienced (example: relieved, powerful, confident, trusting, happy, etc.) Calibrate On a scale from 1 to 10: 10 being the most transformative.

1.
2.
3.
4.
5.
6.