

Relaxation Training  
Questionnaire

<b>Respond with 3 (Yes), 2 (Somewhat), or 1 (No)</b>	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	<b>Totals</b>
Did your muscles relax?								
Were you able to quiet your mind?								
Did you lose your sense of physical space?								
Did you notice any change in your breathing?								
Did your limbs feel numb?								
Did your thoughts remain quiet? Not disturbing?								
Were you able to ignore any outside noises?								
<b>Totals</b>								

Please List any other types of feelings, thoughts or emotions that you had during Relaxation Training \_\_\_\_\_

---

<b>Respond with 3 (Yes), 2 (Somewhat), or 1 (No)</b>	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	<b>Totals</b>
Did your muscles relax?								
Were you able to quiet your mind?								
Did you lose your sense of physical space?								
Did you notice any change in your breathing?								
Did your limbs feel numb?								
Did your thoughts remain quiet? Not disturbing?								
Were you able to ignore any outside noises?								
<b>Totals</b>								

Please List any other types of feelings, thoughts or emotions that you had during Relaxation Training \_\_\_\_\_

---

Relaxation Training  
Questionnaire

---