



## **Daily Assessment Worksheet For Resilience Renewal**

**Date:** *Drop Down Calendar*

### **Part 1: Daily Practice**

Did you complete the full method today?

- Yes, completely  
 Partially: Note:  
 No: Note:

Notes about today's practice (Optional):

### **Part 2: Before and After Assessment**

Please rate how you felt immediately before and after your practice session:

#### **Stress/Tension Level**

**Before practice: Pick Your Choice From 1 to 10 (Base is 5 Neutral)**

1  (Very relaxed) - 2  - 3  - 4  - 5  (Neutral) - 6  - 7  - 8  - 9  - 10  (Very tense)

**After practice:**

1  (Very relaxed) - 2  - 3  - 4  - 5  (Neutral) - 6  - 7  - 8  - 9  - 10  (Very tense)

#### **Mental Clarity**

**Before practice:**

1  (Very foggy) - 2  - 3  - 4  - 5  (Neutral) - 6  - 7  - 8  - 9  - 10  (Very clear)

**After practice:**

1  (Very foggy) - 2  - 3  - 4  - 5  (Neutral) - 6  - 7  - 8  - 9  - 10  (Very clear)

#### **Overall Mood**

**Before practice:**

1  (Very negative) - 2  - 3  - 4  - 5  (Neutral) - 6  - 7  - 8  - 9  - 10  (Very positive)

**After practice:**

1  (Very negative) - 2  - 3  - 4  - 5  (Neutral) - 6  - 7  - 8  - 9  - 10  (Very positive)

### **Part 3: Daily Observations**

#### **Physical Sensations**

Did you notice any physical changes today? (Check all that apply)

- Decreased muscle tension  Improved breathing  Better digestion  Improved sleep  
 More physical energy  Less physical pain  Improved posture  
 Other:

#### **Emotional Responses**

Did you notice any changes in your emotional responses today? [Please See Page 2]

\*Stress Management & Improved Sleep \* Weight Loss \* End Smoking \* Academic Performance\*

\*Sports Performance \* Public Speaking \* Pain Management \* Fears\*

**\*This form intended for Resilience Renewal Clients\***

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## “Minding The Mind”



- Reduced reactivity to stressors  Increased patience  Greater sense of calm
- More balanced emotions  Increased positive emotions  Decreased negative emotions
- Neutral response to typically triggering situations
- Other:

### **Mental Observations**

Did you notice any changes in your mental state today? (Check all that apply)

- Improved focus/concentration  Clearer thinking  Reduced overthinking
- Decreased rumination  More present-moment awareness  Better decision-making
- Increased creativity
- Other:

### **Part 4: Specific Situations**

Were there any stressful situations you encountered today?

- No
- Yes:

If yes, did you notice any difference in how you responded?

- Responded more calmly than usual  Remained neutral rather than reactive
- Responded with the same level of stress/negativity  Responded more negatively
- Other:

Please describe any instance where you noticed a change in your response:

### **Part 5: Overall Daily Assessment**

Overall, how would you rate today compared to your typical day (before starting this practice)?

1  (Much worse) - 2  - 3  - 4  - 5  (The same) - 6  - 7  - 8  - 9  - 10  (Much better)

What was the most notable effect of the practice that you observed today?

Is there anything you would like to try differently tomorrow?

### **Part 6: Additional Notes**

Please record any other observations, or thoughts, related to your experience:

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\*Sports Performance \* Public Speaking \* Pain Management \* Fears\*

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