

**NOTICINGS**

Capture your noticings with a comment, emoji, or 0-10 rating scale. Do whatever resonates with you.

Print this form out or update on your favorite device. Reformat it to suit your preferences. Remember, this form is for you!

Session with: **Susan Mathason, LMT** Session date: \_\_\_\_\_ Session length: \_\_\_\_\_

How's My...	Pre-session	Post-session	Next day	2 days later	3 days later	1 week later
Sleep						
Digestion						
Breathing						
Energy level						
Attitude						
My symptom:						
My symptom:						
My symptom:						
My symptom:						

Noticings that don't fit into a category...and remember, anything that matters to you is important:

Homework from this session:

Ask my doctor/counselor/other practitioner:

Thoughts & questions for next session:

For a free editable version of this form, contact  
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