



ITEAPLUS MONTH LONG SELF CARE TREATMENT LOG

FOR WHAT SYMPTOM(S) ARE YOU USING SELF CARE? _____

WHAT ITEAPLUS SELF CARE PRACTICES WILL YOU BE USING? _____

INSTRUCTIONS

1. **BEFORE DOING SELF CARE:** using the scale below, please rate your experience of your targeted symptom(s) in the appropriate section of your self-care log.
2. **AFTER DOING SELF CARE:** applying the scale again, please rate your experience of your targeted symptom(s) in the appropriate section of your self care log.
3. **OPTIONAL:** In the comments section of your self care log, note any additional information about your experience of your symptom(s) **OR**, if you wish, any information about noticeable changes in your breath rate and/or internal mental, emotional, physical states of being.

(Since each of the self-care practices can affect your breath rate or internal mental, emotional, physical states of being, you may find it interesting to notice whether your self-care is affecting these areas as well, either immediately and/or over the course of the month).

4. **PRINT OUT** as many sheets of the log as you need for the month of self care.
5. **FINALLY**, if you are so inclined, we would like to know what kind of results you got.

Rating scale: Please rate the intensity of your identified symptom(s).

- 0 = I don't feel this at all**
- 1 = I feel this a little.**
- 2= I feel this moderately.**
- 3= I feel this very much.**
- 4 = I feel this extremely strongly.**



DATE	SYMPTOM'S INTENSITY PRE-TREATMENT	SCALE OF 1-5	SYMPTOM'S INTENSITY POST-TREATMENT	SCALE OF 1-5	COMMENTS
	SYMPTOM:		SYMPTOM:		
	SYMPTOM:		SYMPTOM:		
	SYMPTOM:		SYMPTOM:		
	SYMPTOM:		SYMPTOM:		
	SYMPTOM:		SYMPTOM:		
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