

Harmonic Resonance Practice Feedback Guide

Your session is part of my training requirements. It would be very helpful if you can quickly circle the answer or answers that make sense below. Alternatively you can add a few words after the "or ..."

1/ The rhythm and pace of the movements of your body were:

Fluid Steady Hurried Too Slow Comforting Forced Just Right
or ...

2/ Did you feel the contact and pressure of my hands on your body were:

Soft Full Rigid Pinching Light Heavy or ...

3/ Did you feel the the directions of movement were:

In Comfortable Directions In Uncomfortable Directions or ...

4/ Did you feel the transitions between moves was:

Smooth Awkward Uncertain or ...

5/ Did you feel my attitude was:

Accepting Neglectful Encouraging Peaceful Healing Agitated Nervous Spacey
Focused Disapproving Caring or ...

6/ Did you feel the preparation you were given for the session was:

Good Poor Imaginative Routine Adequate Too Much Talking
Not Enough Talking or ...

7/ After the session did you feel:

More Relaxed Very Little Result Taller Looser Heavier More Tense
or ...

8/ General Comments:

Date

Initials: