Rider:	Horse:	Class Time:	Date:

Post Lesson: Please fill out this information below after your lesson.

General Anxiety	Not Anxious ⟷ Very Anxious 0 1 2 3 4 5 6 7 8 9 10
Feeling Detached	Very Detached ⟷ Not Detached 0 1 2 3 4 5 6 7 8 9 10
Physical Pain	No Pain ⟷ Severe Pain 0 1 2 3 4 5 6 7 8 9 10
Irritability	Very Irritable ⟷ Not Irritable 0 1 2 3 4 5 6 7 8 9 10
Fatigue	Extreme Fatigue ⟷ No Fatigue 0 1 2 3 4 5 6 7 8 9 10
Energy	No Energy ⟷ Full Energy 0 1 2 3 4 5 6 7 8 9 10
Relaxation	Do you feel more relaxed? ___Yes ____No If yes please rate your level of relaxation after your completed lesson. Not Relaxed ⟷ Extremely Relaxed 0 1 2 3 4 5 6 7 8 9 10

Rider Comments:

Your comments help us better to serve you.