

<b>Rider:</b>	<b>Horse:</b>	<b>Class Time:</b>	<b>Date:</b>
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**Pre-Lesson: Rider fills out information in box below**

General Anxiety	<p>Not Anxious <span style="float: right;">Very Anxious</span></p> <p>←—————→</p> <p>0 1 2 3 4 5 6 7 8 9 10</p>
Feeling Detached	<p>Very Detached <span style="float: right;">Not Detached</span></p> <p>←—————→</p> <p>0 1 2 3 4 5 6 7 8 9 10</p>
Physical Pain	<p>No Pain <span style="float: right;">Severe Pain</span></p> <p>←—————→</p> <p>0 1 2 3 4 5 6 7 8 9 10</p>
Irritability	<p>Very Irritable <span style="float: right;">Not Irritable</span></p> <p>←—————→</p> <p>0 1 2 3 4 5 6 7 8 9 10</p>
Fatigue	<p>Extreme Fatigue <span style="float: right;">No Fatigue</span></p> <p>←—————→</p> <p>0 1 2 3 4 5 6 7 8 9 10</p>
Energy	<p>No Energy <span style="float: right;">Full Energy</span></p> <p>←—————→</p> <p>0 1 2 3 4 5 6 7 8 9 10</p>
Insomnia	<p>Do you experience Insomnia? ___Yes ___No If yes please rate your insomnia since your last lesson</p> <p>No Insomnia <span style="float: right;">Insomnia</span></p> <p>←—————→</p> <p>0 1 2 3 4 5 6 7 8 9 10</p>

Objective one:	Objective two:
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**Staff and Volunteer Notes Observations:**