

Outsmarting Your *Performance Blockers*™

Intensity Rating Form

(keep this form in front of you as you work with EFT)

Your Name: _____ Date: _____

EFT Statement you are working on:

Even though _____

_____ I choose _____

Time When Rating Was Taken

Intensity Rating (from 0-10)

Before commencing EFT _____

After 1st sequence of EFT _____

After 2nd sequence of EFT _____

After 3rd sequence of EFT _____

After 4th sequence of EFT _____

After 5th sequence of EFT _____

After 6th sequence of EFT _____

After 7th sequence of EFT _____

After 8th sequence of EFT _____