

Outsmarting Your *Weightloss Blockers*TM

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)

<i>Before</i> commencing EFT	_____
After 1 st sequence of EFT	_____
After 2 nd sequence of EFT	_____
After 3 rd sequence of EFT	_____
After 4 th sequence of EFT	_____
After 5 th sequence of EFT	_____
After 6 th sequence of EFT	_____
After 7 th sequence of EFT	_____
After 8 th sequence of EFT	_____