

PRE-SESSION EVALUATION

NAME:

DATE:

1 How do you feel today?



VERY HAPPY



HAPPY



SAD



VERY SAD



ANGRY



DON'T KNOW

2 Did you fall asleep fast last night?
Did you stay asleep?

3 Did you wake up feeling happy?

POST-SESSION EVALUATION

1 How do you feel after your session?



VERY HAPPY



HAPPY



SAD



VERY SAD



ANGRY



DON'T KNOW

2 Did you enjoy your session?

3 When would it feel good to come back for another session?