

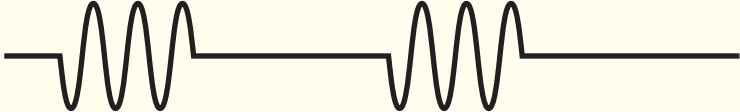




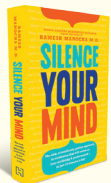


Your Name

Today's Date

Your Current Level of Mental Activity

		Before	After
	Complete silence	<input type="checkbox"/>	<input type="checkbox"/>
	Occasional thoughts separated by longer periods of silence	<input type="checkbox"/>	<input type="checkbox"/>
	A few thoughts separated by brief periods of silence	<input type="checkbox"/>	<input type="checkbox"/>
	Slowing of my usual thinking	<input type="checkbox"/>	<input type="checkbox"/>
	My usual rate of thinking	<input type="checkbox"/>	<input type="checkbox"/>
	Somewhat more frequent thoughts than usual	<input type="checkbox"/>	<input type="checkbox"/>
	Much more frequent thoughts than usual	<input type="checkbox"/>	<input type="checkbox"/>



SILENCE YOUR MIND