

Biofeedback Weekly Practice Record

Date: ____/____/____		<i>Stress Ratings (1low – 10 high)</i>	<i>App Used</i>
Time of Practice 1: _____	No.# Minutes: _____	Start _____ End _____	
Time of Practice 2: _____	No.# Minutes: _____	Start _____ End _____	
Date: ____/____/____		<i>Stress Ratings (1low – 10 high)</i>	
Time of Practice 1: _____	No.# Minutes: _____	Start _____ End _____	
Time of Practice 2: _____	No.# Minutes: _____	Start _____ End _____	
Date: ____/____/____		<i>Stress Ratings (1low – 10 high)</i>	
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