



REHvolution Services

Business | Therapy | Coaching | Mentorship | Training Academy

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Body Scan Observation Worksheet

After Processing Target Memory - Scan your body slowly from head to toe.

- **Tension or discomfort?** (yes/no)
- **Location:** _____
- **Type of Sensation:**
 Tightness Numbness Pressure Coldness Tingling Pain Other: _____

Intensity (0 = no discomfort, 10 = severe discomfort):

[0][1][2][3][4][5][6][7][8][9][10]

Notes: