

The Stage Fright Cure
Rapid Relief Process™ Tracking Form*
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Name: _____ Date: _____

Focus of **Attention** _____

Intention: Clear up Charge Up Explore an issue:

Beginning **Quality:** (Briefly describe your starting experience.)

Beginning **Intensity** (0-10) _____ (To clear up, the intention is for the number to go down. To charge up, the intention is for the number to go up. To explore, simply notice where your path takes you and any changes that occur.)

Intensity after the Correction for Psychological Reversal: _____ Change in quality:

Intensity after the Rapid Relief Cross Weave™: _____ Change in quality:

Intensity after Collarbone Breathing: _____ Change in quality:

Intensity after the Rapid Relief Energy Sweep™: _____ Change in quality:

Intensity after the Rapid Relief Energy Re-set™: _____ Change in quality:

Intensity after the Brain Integration Exercise: _____ Change in quality:

Overall Notes: Which exercise or exercises made the most difference for you? What came up for you in the process?
Does that give you any clues about where to go next?

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