

DAILY TRACKING FORM FOR OBSERVING FLOW OF ATTENTION

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|----------------------------|
| Name <i>(Please Print)</i> |
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| Email Address <i>(Please Print)</i> |
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| Phone (optional) |
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|------------|
| Start Date |
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- Please make sure you read, understand, and follow the exercise instructions.
- If you do not understand the instructions, please email me at jimlehrman@gmail.com or leave a message at (310) 741-7783
- Please keep the 2 pages of this form stapled together
- Please PRINT your name, email address, and date you started your 30 days in the spaces provided at the top of this form.
- Please fill out each of the **3 parts** every day for 30 days.
- Please fill out the form **on the same day** that your entry refers to.
- On day 15 (and *only* on that day), please fill out PART 4.
- On day 30, please fill out PART 5 and PART 6.
- Upon completion of the 30 days, please send your completed form to: Jim Lehrman, PO Box 1446, Paonia, CO 81428

PART 1: Once each day, place the number of times you did the 60 second exercise in the box designated for that day.

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|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| The number of times you did the exercise today | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PART 2: Mark for each day the selection that best describes the highest level of attention you attained, regardless of your ability to sustain that level.

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| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| When you did the exercise today did you... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| notice each shift of attention, tracking its movement? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| notice shifts of attention but got pulled into content? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| see attention flow, but not see actual moment of shifts? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| not notice attention move, being lost in its content? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| not notice attention move, being too unfocused? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| not do the exercise at all? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Name:

Date of Completion:

PARTS 4 & 5: On only the 15th and 30th days, write your answers to these questions in the space provided below.

- A. What would you say you're getting out of doing this exercise?
- B. What, if anything, would you change in the exercise instructions to make them more clear?
- C. What, if anything, would you like to share with me or ask me?

PART 4: On the 15th day:

PART 5: On the 30th day:



PART 6: On the 30th day, please share this information about yourself:

Age Currently a student? Yes No

Level of education High School Some college Bachelors Degree Graduate School

Occupation

Approximate number of careers you've had

Reflecting back to before starting this exercise...

Feel free to add any comments here:

- how connected were you with your feelings? Not Very Average Very Connected
- how easily could you reach clarity about situations? Not Easily Average Very Easily
- how assertive/responsive were you? Not Very Average Very Responsive
- how strong was your ability to focus? Not Very Average Very Strong
- how happy were you on a regular basis? Not Very Average Very Happy
- how self aware were you in general? Not Very Average Very Aware
- how creative were you? Not Very Average Very Creative
- how optimistic were you? Not Very Average Very Optimistic
- how confident were you? Not Very Average Very Confident
- how present in the moment were you? Not Very Average Very Present
- how free of self-judgment were you? Not Very Average Very Free
- how free of judging others were you? Not Very Average Very Free

What emotions/feelings do you MOST like having?

What emotions/feelings do you LEAST like having?

Thank you for participating in this study to determine the efficacy of an exercise designed to strengthen your quality of attention. If you would like the opportunity to participate in any future studies, please check the appropriate box below. I may do more studies with other exercises that are part of the work I do with individuals which I'm considering offering as an online program.

I would like the opportunity to participate in future studies I am not interested in participating in future studies