

CFR JOURNAL

Describe your CFR experience. How did it feel to you? _____

How did you feel after the first treatment? _____

How did you feel after the second treatment? _____

How did you feel after the third treatment? _____

How did you feel after the fourth treatment? _____

How did you feel after the fifth treatment? _____

Did your symptoms improve with CFR treatment? _____

Did you accomplish your treatment goals? _____

Do you have any questions or concerns? _____

Are you considering another series of CFR? _____

Do you know anyone else who would benefit from CFR treatment? _____

Would you be willing to share your CFR story? _____