

*My Experience with the*

# Guided Imagery Programme

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*A personal reflection journal — for your use only*

**This journal belongs to you.**

*Nothing in it is submitted anywhere. No one else reads it. It exists to help you notice your own experience with the practices over time — not to measure you against a standard, and not to produce data for anyone else.*

*There are no right answers. A practice that produces nothing visible is still a practice. A week where you didn't return to the work is still part of your experience. Whatever is true for you is worth writing down.*

*You can fill this in as you go — after a session, at the end of a week, whenever something shifts or doesn't. Or use it in two sittings: once near the start of your time with the programme, and once a few months later. Either way works.*

## Where I'm Starting From

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These questions are for the beginning of your time with the programme — or whenever you first pick up this journal.

1.1

Which practice or practices are you drawn to, and why?

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1.2

What are you hoping might change — in your body, in your daily life, or in how you feel about your body?

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1.3

What does your body feel like right now — in your own words, not medical terms?

*Movement, sensation, comfort, tension, presence, absence — whatever comes.*

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1.4

## How satisfied are you with the following areas of your life right now?

Tick a number from 0 (not satisfied) to 10 (very satisfied), then write a few words for each area.

### Material wellbeing — the things you own and your material situation

Not satisfied Very satisfied

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

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### Health

Not satisfied Very satisfied

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

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### Achieving in daily life

Not satisfied Very satisfied

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

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### Close relationships — family, friends, partners

Not satisfied Very satisfied

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

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### Feeling safe and secure

Not satisfied Very satisfied

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

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Community — feeling connected to people beyond your home

Not satisfied

Very satisfied

0    1    2    3    4    5    6    7    8    9    10

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Emotional wellbeing — your own sense of happiness

Not satisfied

Very satisfied

0    1    2    3    4    5    6    7    8    9    10

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Spiritual life or sense of meaning

Not satisfied

Very satisfied

0    1    2    3    4    5    6    7    8    9    10

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Your life overall

Not satisfied

Very satisfied

0    1    2    3    4    5    6    7    8    9    10

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1.5

Is there anything you're worried or uncertain about as you begin?

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SECTION TWO

## What I'm Noticing

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Use this section as often or as rarely as feels useful. Date each entry if that helps you track patterns over time.

Entry 1 of 6

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2.1

Which practice did you use, and roughly how often have you been returning to it?

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2.2

What have you noticed in your body — during the practice, or in the hours and days after?

*Changes can be subtle, fleeting, or absent. All of these are worth recording.*

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2.3

What has the imagery been like — vivid, thin, changing, consistent? Has it developed since you started?

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2.4

Have you been using the windows — the morning, evening, or daytime drift moments — for brief practice from memory? What has that been like?

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2.5

Has anything felt wrong, uncomfortable, or like it made things worse?

*If so, what, and when? This question appears at every entry because adverse effects tend to appear early.*

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2.6

Anything unexpected — positive or negative?

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# What I'm Noticing

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Entry 2 of 6

DATE

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2.1

Which practice did you use, and roughly how often have you been returning to it?

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2.2

What have you noticed in your body — during the practice, or in the hours and days after?

*Changes can be subtle, fleeting, or absent. All of these are worth recording.*

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2.3

What has the imagery been like — vivid, thin, changing, consistent? Has it developed since you started?

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2.4

Have you been using the windows — the morning, evening, or daytime drift moments — for brief practice from memory? What has that been like?

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2.5

Has anything felt wrong, uncomfortable, or like it made things worse?

*If so, what, and when? This question appears at every entry because adverse effects tend to appear early.*

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2.6

Anything unexpected — positive or negative?

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# What I'm Noticing

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Entry 3 of 6

DATE

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2.1

Which practice did you use, and roughly how often have you been returning to it?

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2.2

What have you noticed in your body — during the practice, or in the hours and days after?

*Changes can be subtle, fleeting, or absent. All of these are worth recording.*

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2.3

What has the imagery been like — vivid, thin, changing, consistent? Has it developed since you started?

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2.4

Have you been using the windows — the morning, evening, or daytime drift moments — for brief practice from memory? What has that been like?

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2.5

Has anything felt wrong, uncomfortable, or like it made things worse?

*If so, what, and when? This question appears at every entry because adverse effects tend to appear early.*

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2.6

Anything unexpected — positive or negative?

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# What I'm Noticing

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Entry 4 of 6

DATE

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2.1

Which practice did you use, and roughly how often have you been returning to it?

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2.2

What have you noticed in your body — during the practice, or in the hours and days after?

*Changes can be subtle, fleeting, or absent. All of these are worth recording.*

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2.3

What has the imagery been like — vivid, thin, changing, consistent? Has it developed since you started?

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2.4

Have you been using the windows — the morning, evening, or daytime drift moments — for brief practice from memory? What has that been like?

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2.5

Has anything felt wrong, uncomfortable, or like it made things worse?

*If so, what, and when? This question appears at every entry because adverse effects tend to appear early.*

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2.6

Anything unexpected — positive or negative?

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# What I'm Noticing

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Entry 5 of 6

DATE

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2.1

Which practice did you use, and roughly how often have you been returning to it?

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2.2

What have you noticed in your body — during the practice, or in the hours and days after?

*Changes can be subtle, fleeting, or absent. All of these are worth recording.*

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2.3

What has the imagery been like — vivid, thin, changing, consistent? Has it developed since you started?

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2.4

Have you been using the windows — the morning, evening, or daytime drift moments — for brief practice from memory? What has that been like?

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2.5

Has anything felt wrong, uncomfortable, or like it made things worse?

*If so, what, and when? This question appears at every entry because adverse effects tend to appear early.*

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2.6

Anything unexpected — positive or negative?

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# What I'm Noticing

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Entry 6 of 6

DATE

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2.1

Which practice did you use, and roughly how often have you been returning to it?

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2.2

What have you noticed in your body — during the practice, or in the hours and days after?

*Changes can be subtle, fleeting, or absent. All of these are worth recording.*

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2.3

What has the imagery been like — vivid, thin, changing, consistent? Has it developed since you started?

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2.4

Have you been using the windows — the morning, evening, or daytime drift moments — for brief practice from memory? What has that been like?

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2.5

Has anything felt wrong, uncomfortable, or like it made things worse?

*If so, what, and when? This question appears at every entry because adverse effects tend to appear early.*

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2.6

Anything unexpected — positive or negative?

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## Looking Back

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For whenever you feel ready to reflect on your experience as a whole — whether that's after a month, three months, or longer.

### 3.1

Looking back at what you wrote in Section 1 — what's the same, and what's different?

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### 3.2

What does your body feel like now, in your own words?

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3.3

**Returning to the life areas from Section 1 — tick a number and write a few words about each again.**

*Don't look back at what you wrote in Section 1 until after you've written this.*

Material wellbeing — the things you own and your material situation

Not satisfied Very satisfied

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

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Health

Not satisfied Very satisfied

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

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Achieving in daily life

Not satisfied Very satisfied

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

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Close relationships — family, friends, partners

Not satisfied Very satisfied

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

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Feeling safe and secure

Not satisfied Very satisfied

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

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Community — feeling connected to people beyond your home

Not satisfied

Very satisfied

0    1    2    3    4    5    6    7    8    9    10

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Emotional wellbeing — your own sense of happiness

Not satisfied

Very satisfied

0    1    2    3    4    5    6    7    8    9    10

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Spiritual life or sense of meaning

Not satisfied

Very satisfied

0    1    2    3    4    5    6    7    8    9    10

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Your life overall

Not satisfied

Very satisfied

0    1    2    3    4    5    6    7    8    9    10

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Now look back at Section 1. What do you notice?

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3.4

What would you say to someone who was thinking about starting the programme?

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3.5

What would you change about the practices, if you could?

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3.6

Is there anything you want to record that doesn't fit any of the prompts above?

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*If you'd like to share any part of your experience with the programme —  
anonymously or with your name, as a brief note or in as much detail as you like —*

*you're welcome to write to:*

[jeremy@livingbeyondsci.com](mailto:jeremy@livingbeyondsci.com)

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*Nothing is required. This journal is yours.*