

Move to Emptiness Record Sheet (A)

NAME:

GENDER:

DATE:

Influence of the Problem

No
Influence

Strongly
Influenced

0 1 2 3 4 5 6 7 8 9

Symbol of the Target Problem

Please draw the picture here.

Name

Amount

Colour

Size

Other

Container to the Symbol of Problem

Please draw the picture here.

Appearance of the Container
(the more, the better, at least three)

Length (cm)

Width (cm)

Height (cm)

Weight (kg)

Material

Hardness

Texture

Lustre

Smell

Style

Shape

Colour

Decoration

Key to the lock

Other

Move to Emptiness Record Sheet (B)

NAME:

GENDER:

DATE:

Influence of the Problem

No
Influence

Strongly
Influenced

0 1 2 3 4 5 6 7 8 9

Changes in the Symbolic Object

Please draw the picture here.

Name
Amount
Colour
Size
Other

Changes in the Container

Please draw the picture here.

Appearance of the Container
(the more, the better, at least three)

Length (cm)
Width (cm)
Height (cm)
Weight (kg)
Material
Hardness
Texture
Lustre
Smell
Style
Shape
Colour
Decoration
Key to the lock
Other

Personalized Events During the Process (Therapist Only)