

| Kontrolna lista za audio-stabilizacijske vežbe |                | DAN 1:                                                                                     |                                                                                          |                                                                                           |                                                                                          | DAN 2:                                                                                       |                                                                                            |                                                                                             |                                                                                            | DAN 3:                                                                                       |                                                                                            |                                                                                             |                                                                                            |
|------------------------------------------------|----------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
|                                                |                | <br>Jutro | <br>Dan | <br>Veče | <br>Noć | <br>Jutro | <br>Dan | <br>Veče | <br>Noć | <br>Jutro | <br>Dan | <br>Veče | <br>Noć |
| Koliko često ste vežbali?<br>0x/1x/2x/3x       |                |                                                                                            |                                                                                          |                                                                                           |                                                                                          |                                                                                              |                                                                                            |                                                                                             |                                                                                            |                                                                                              |                                                                                            |                                                                                             |                                                                                            |
| Koju vežbu?                                    | Disanje        | <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"/>                                                                    | <input type="checkbox"/>                                                                   |
|                                                | Bodyscan       | <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"/>                                                                    | <input type="checkbox"/>                                                                   |
|                                                | Bezbedno mesto | <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"/>                                                                    | <input type="checkbox"/>                                                                   |
|                                                | sve vežbe      | <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"/>                                                                    | <input type="checkbox"/>                                                                   |
| Da li Vam je pomogla ova vežba?                |                | <input type="radio"/> da<br><input type="radio"/> malo<br><input type="radio"/> ne         | <input type="radio"/> da<br><input type="radio"/> malo<br><input type="radio"/> ne       | <input type="radio"/> da<br><input type="radio"/> malo<br><input type="radio"/> ne        | <input type="radio"/> da<br><input type="radio"/> malo<br><input type="radio"/> ne       | <input type="radio"/> da<br><input type="radio"/> malo<br><input type="radio"/> ne           | <input type="radio"/> da<br><input type="radio"/> malo<br><input type="radio"/> ne         | <input type="radio"/> da<br><input type="radio"/> malo<br><input type="radio"/> ne          | <input type="radio"/> da<br><input type="radio"/> malo<br><input type="radio"/> ne         | <input type="radio"/> da<br><input type="radio"/> malo<br><input type="radio"/> ne           | <input type="radio"/> da<br><input type="radio"/> malo<br><input type="radio"/> ne         | <input type="radio"/> da<br><input type="radio"/> malo<br><input type="radio"/> ne          |                                                                                            |

| Kontrolna lista za audio-stabilizacijske vežbe |                | DAN 4:                                                                                     |                                                                                          |                                                                                           |                                                                                          | DAN 5:                                                                                       |                                                                                            |                                                                                             |                                                                                            | DAN 6:                                                                                       |                                                                                            |                                                                                             |                                                                                            |
|------------------------------------------------|----------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
|                                                |                | <br>Jutro | <br>Dan | <br>Veče | <br>Noć | <br>Jutro | <br>Dan | <br>Veče | <br>Noć | <br>Jutro | <br>Dan | <br>Veče | <br>Noć |
| Koliko često ste vežbali?<br>0x/1x/2x/3x       |                |                                                                                            |                                                                                          |                                                                                           |                                                                                          |                                                                                              |                                                                                            |                                                                                             |                                                                                            |                                                                                              |                                                                                            |                                                                                             |                                                                                            |
| Koju vežbu?                                    | Disanje        | <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"/>                                                                    | <input type="checkbox"/>                                                                   |
|                                                | Bodyscan       | <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"/>                                                                    | <input type="checkbox"/>                                                                   |
|                                                | Bezbedno mesto | <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"/>                                                                    | <input type="checkbox"/>                                                                   |
|                                                | sve vežbe      | <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"/>                                                                    | <input type="checkbox"/>                                                                   |
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