

5-4-3-2-1
GROUNDING EXERCISE

SEE



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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TOUCH



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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HEAR



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SMELL



<input type="checkbox"/>	<input type="checkbox"/>
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TASTE
or
Emotion



<input type="checkbox"/>

OR



<input type="checkbox"/>
