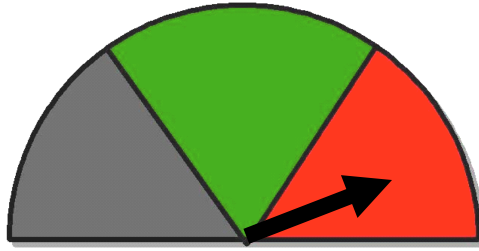


NAME

What Works?	What Bothers Me?
Mouth - - - -	Mouth - - - -
Move - - - -	Move - - - -
Touch - - - -	Touch - - - -
Look - - - -	Look - - - -
Listen - - - -	Listen - - - -
Smell - - - -	Smell - - - -
Pressure / Heavy Work - - - -	Pressure / Heavy Work - - - -

RED ZONE - HOW DOES IT FEEL?



<p>How does my head feel?</p>	<p>How does my neck/shoulder feel?</p>	<p>How do my arms and hands feel?</p>
<p>How does my chest feel?</p>	<p>How does my stomach feel?</p>	<p>How do my legs feel?</p>
<p>How does my breathing feel?</p>	<p>What else do I feel?</p>	<p>What seems to be easiest to notice?</p>



LEARNING ABOUT MY "SAFE PLACE"

My Safe Place is :

List the movement you might see or experience in your safe place:

List the things you may feel (on your skin) in your safe place:

List the things you may see in your safe place:

List the things you may hear in your safe place:

List anything you may taste or smell in your safe place:

List good feelings you may experience in your body or your brain in your safe place:

Relationships between Neurological Thresholds & Behavioural Responses

