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|  | **BEFORE: THINK/FEEL** | **OBSTACLE(S) DURING** | **AFTER: THINK/FEEL** |
| MONDAY |  |  |  |
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| TUESDAY |  |  |  |
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| WEDNESDAY |  |  |  |
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| THURSDAY |  |  |  |
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| FRIDAY |  |  |  |
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| SATURDAY |  |  |  |
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| SUNDAY |  |  |  |
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