

Form 9.2.

Outer Sense Information That I Already Naturally Rely On.

SITUATION/ACTIVITY:

- 1:.....
- 2:.....
- 3:.....
- 4:.....
- 5:.....

SITUATION/ACTIVITY:

- 1:.....
- 2:.....
- 3:.....
- 4:.....
- 5:.....

SITUATION/ACTIVITY:

- 1:.....
- 2:.....
- 3:.....
- 4:.....
- 5:.....

SITUATION/ACTIVITY:

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