



My plan:

Is my Personal Medicine powerful?

- Is it a specific activity, not a feeling/state-of-being? ☐ Yes ☐ No
- Is it something I do now, not a future goal? ☐ Yes ☐ No
- Is it something I do, not something I take? ☐ Yes ☐ No
- Does it say how it helps me? ☐ Yes ☐ No

Does this Personal Medicine work for me?

- ☐ Yes – it helps me *(describe)*:
- ☐ No – I will try another

Personal Medicine: Blank

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