

FORM 8: PRACTICE TOLERATING SENSATIONS										
Task	PRACTICE									
	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
STARING										
----- 1 2 3 pass										
BRISK EX.										
----- 1 2 3 pass										
BREATH HOLD										
----- 1 2 3 pass										
STRAW										
----- 1 2 3 pass										
SHAKE HEAD										
----- 1 2 3 pass										
HEAD/KNEES										
----- 1 2 3 pass										
HYPERVENT										
----- 1 2 3 pass										

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