THE BIG PICTURE:
HOW CLOSE IS YOUR NORTH STAR?

In the spaces below, write the labels you've created for the most positive and most negative reactions you've seen in your own body (for example, "Trapped" or "Free," "Panicky" or "Calm," "Knotted up" or "Loose"). Then go through the list of people and activities and record your body's responses to each item. Remember, no judging or editing is allowed—just observation of a physical reaction.

Strongest Negative Feeling

Relationships: How does your body react to:

Mother: -10 -9 -8 -7 -6 -5 -4
Father: -10 -9 -8 -7 -6 -5 -4

Siblings (write the names of your siblings in the blanks):

-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4

Other relatives (list by name):

-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4

Romantic partner: -10 -9 -8 -7 -6 -5 -4

Neutral Response Strongest Positive Feeling

-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10
-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10

Strongest Negative Feeling

Children (list by name):

-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4

Friends (list by name):

-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4

Pets (don't smirk: pet relationships can be very significant):

-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4

Boss: -10 -9 -8 -7 -6 -5 -4

Coworkers (list by name or title):

-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4

Neutral Response Strongest Positive Feeling

-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10
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-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10
-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10
-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10

Strongest Negative Feeling

Subordinates (list by name or title):

-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4

Anyone else with whom you interact on a regular basis:

-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4

Situations and activities: How does your body react to:

Your income: -10 -9 -8 -7 -6 -5 -4
Amount of time you spend working: -10 -9 -8 -7 -6 -5 -4

Your religious or spiritual practices (churchgoing, meditation, communion with nature, etc.):

-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4

Neutral Response Strongest Positive Feeling

-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10
-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10
-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10
-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10
-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10
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-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10
-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10

Strongest Negative Feeling

Various aspects of your job description (creative work, administration, meetings, filing papers, making presentations, traveling, etc.):

-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4

Various aspects of your domestic life (child care, laundry, yard work, paying bills, etc.):

-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4

Leisure-time activities (watching TV, dancing, reading, exercising, making love, etc.):

-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4

Neutral Response Strongest Positive Feeling

-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10
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Strongest Negative Feeling

Environment (Note: a lot of people take their environment for granted. Actually, being happy with the places where you spend time is one of the strongest determinants of life satisfaction.) **How does your body react to:**

The geographic region where you live: -10 -9 -8 -7 -6 -5 -4
Your city: -10 -9 -8 -7 -6 -5 -4
Neighborhood: -10 -9 -8 -7 -6 -5 -4
House or apartment: -10 -9 -8 -7 -6 -5 -4
Workplace: -10 -9 -8 -7 -6 -5 -4

Living logistics (getting places, running errands, etc.):

-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4
-10 -9 -8 -7 -6 -5 -4

Neutral Response Strongest Positive Feeling

-3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10
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