

Review of Our FEARS

Instructions for Completion:

Complete each column from top to bottom before proceeding to the next column.

Column 1 *We list our fears thoroughly. We put them on paper, even though we had no resentment in connection with them.*

Column 2 *We ask ourselves, why we are afraid?*

Column 3 *How does our fear affect our lives today?*

Column 4 *What was our part, if any?*

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
	I'm fearful of:	Cause of my fear?	How does the fear affect my life?	What was my part, if any?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Review of our FEARS

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
	I'm fearful of:	Cause of my fear?	How does the fear affect my life?	What was my part, if any?
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				