# Truth #2a

*External Sensation Tracking Sheet*

## 1. Visual (Sight)

| Date | What I noticed | Notes |
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## 2. Auditory (Sound)

| Date | What I noticed | Notes |
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## 3. Olfactory (Smell)

| Date | What I noticed | Notes |
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## 4. Gustatory (Taste)

| Date | What I noticed | Notes |
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## 5. Tactile (Touch)

| Date | What I noticed | Notes |
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## 6. Other “Noticing”

| Date | What I noticed | Notes |
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