

# CLARITY WORKBOOK

CLARIFY YOUR HEALING GOALS



*by Kimiya Healing*

## 3 STEP

# PROCESS

### 1: CLARITY

START BY CLEARLY DEFINING WHAT YOU WANT TO ACHIEVE THROUGH YOUR HEALING JOURNEY. GET SPECIFIC ABOUT THE CHANGES, OUTCOMES, OR TRANSFORMATIONS YOU DESIRE. THIS WILL PROVIDE YOU WITH A FOCUSED DESTINATION TO WORK TOWARDS.

### 2: MOTIVATION

EXPLORE WHY THESE PARTICULAR HEALING GOALS MATTER TO YOU ON A DEEP, PERSONAL LEVEL. CONNECT TO THE UNDERLYING DRIVERS, VALUES, AND ASPIRATIONS THAT FUEL YOUR DESIRE FOR GROWTH AND CHANGE. THIS EMOTIONAL RESONANCE WILL KEEP YOU MOTIVATED AND COMMITTED.

### 3: ACTION

WITH YOUR GOALS AND MOTIVATIONS CLEAR, THE NEXT STEP IS TO OUTLINE THE CONCRETE ACTIONS YOU'LL NEED TO TAKE TO BRING YOUR VISION TO LIFE. IDENTIFY THE PRACTICAL STEPS, HABITS, AND STRATEGIES REQUIRED TO MAKE SUSTAINABLE PROGRESS ON YOUR HEALING PATH.



# Self-reflection Questions

What traumas are still affecting you?

What do you feel most blocked by?

What is your biggest fear right now?

What belief systems are you stuck in?

What's your biggest health challenge?

How do you unconsciously self sabotage?

How do you block your own creative flow?

What emotions do you struggle to express?

How do you feel about your body?

What do you wish you could be better at?

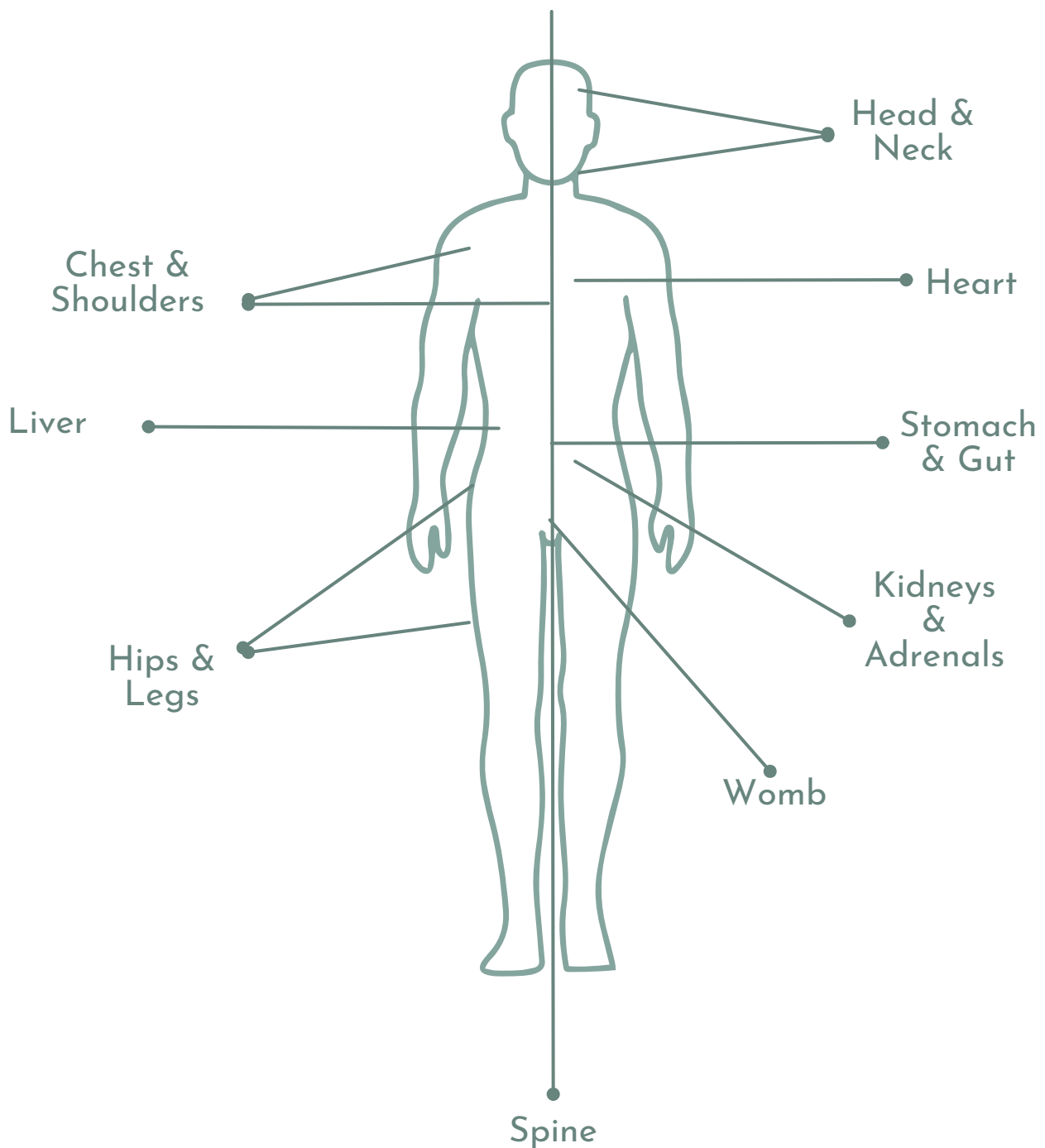
What stops you from being your authentic self?



# SOMATIC Tracker

USE THIS CHART TO HIGHLIGHT THE SYMPTOMS YOU EXPERIENCE AND THE MOST CHALLENGING AREAS OF YOUR PHYSICAL BODY. IF YOU LIKE YOU CAN ADD ORGANS EG KIDNEYS, ADRENALS OR CHAKRAS TOO. NEXT TO EACH SYMPTOM WRITE THE SEVERITY AND DURATION.

TIP: USE MY [SOMATIC BODY MAPPING PRACTICE](#) TO HELP YOU



# CLARIFY YOUR HEALING GOALS

ACHIEVING OUR GOALS IS DEPENDENT ON WHETHER WE TAKE ACTION. USE THE TABLE BELOW TO UNDERSTAND THE "WHY" OF YOUR GOALS.

GOAL: I WANT TO RELEASE \_\_\_\_\_ SO THAT I CAN \_\_\_\_\_ IN ORDER TO \_\_\_\_\_

GOAL:

WHAT ARE THE SYMPTOMS YOU WANT TO RELEASE



WHAT DO YOU THINK ARE THE ROOT CAUSES OF THIS?



WHAT WILL ACHIEVING THIS GIVE YOU, PHYSICALLY, EMOTIONALLY, SPIRITUALLY, RELATIONALLY, FINANCIALLY?



WHY IS THIS IMPORTANT TO YOU?



WHAT HAPPENS IF YOU DON'T ACHIEVE THIS?



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# *HEALING* GOALS

FOR EACH OF THE CATEGORIES BELOW, WRITE DOWN THINGS YOU ARE DOING WELL AND WHERE YOU NEED IMPROVEMENT. TAKE THE TIME TO REFLECT ON THESE, AND WRITE A GOAL FOR EACH CATEGORY.

CATEGORY	WHAT I'M DOING WELL	WHERE I NEED IMPROVEMENT
<i>BODY</i>		
<i>MIND</i>		
<i>SPIRIT</i>		
<i>RELATIONSHIPS</i>		
<i>CAREER</i>		
<i>CREATIVITY</i>		



7 DAY

# SELF HEALING TRACKER

KEEPING TRACK OF YOUR HEALING PRACTICES CAN HELP YOU STAY ON TRACK AND ACHIEVE YOUR GOALS. FILL OUT YOUR TOP 10 HEALING PRACTICES WHETHER IT'S AFFIRMATIONS, SOMATIC MOVEMENT, MEDITATION, GROUNDING, WOMB ALCHEMY ETC AND MARK THEM OFF EACH DAY YOU COMPLETE THEM.

HEALING PRACTICE

	(S)	(M)	(T)	(W)	(T)	(F)	(S)
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFLECT ON WHICH PRACTICES FEEL MOST HELPFUL FOR YOU

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