Name_____ Date_____

Wellness Actions to Prevent Most Pain, Sickness, and Disease

Please checkmark the wellness actions you are doing and fill in appropriate questions.

REST & RELAXATION	MIND, EMOTIONS & SPIRITUALITY	EXERCISE	Frequency / Duration
___ Engage in activities to Destress your body	___ Actively Think Positively Daily	___ Stretching	
___ Get 8 hours good quality sleep regularly	___ Express Gratitude Daily	___ Small motor movements activities	
___ Take breaks throughout the day	___ Pray	___ Weight train	
___ Use a special pillow	___ Meditate	___ Endurance train	
___ Use a special mattress	___ Journal	___ Wear orthotics	
___ Use black out curtains	___ Emotional Freedom Technique	___ Floss your teeth	
___ Cover all light sources including clocks	___ Emotional CPR	___ Other:_____	
___ Stop watching TV at least 2 hours before bed	___ Other:_____		
___ Turn off Computer at least 2 hours before bed			
___ Decrease lighting 2 hours before bedtime			
___ Other:_____			

NERVOUS SYSTEM & BODY WORK	Reason For Going	Date Of First & Last Visit	Results
___ Chiropractic			
___ Massage			
___ Physical Therapy			
___ Accupuncture			
___ Other:_____			

NUTRITION	Nutritional Supplements	Reason / Results	List Dietary Changes That Have Worked Well Or Poorly For You In The Past
___ Eat Vegetables Daily	1)		1)
___ Eat Fruits Daily	2)		2)
___ Eat Animal Protein Daily	3)		3)
___ Drink bottled or filtered water daily	4)		4)
___ Make and Drink Fresh Juices	5)		5)
___ Avoid Trans Fats	6)		6)
___ Avoid MSG	7)		7)
___ Avoid Artificial Sugar	8)		8)
___ Avoid Refined Flour	9)		9)
___ Avoid Refined Sugar	10)		10)