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**YOU ARE AN
ENERGY FIELD.**

VITALITY & PHYSICAL HEALTH



Vitality and Physical Health

What is Your Ultimate Vision for “Self-Care”?

Are you “taking care of yourself”? What does that even entail? Since self-care looks different for each person, creating a vision applicable to your unique circumstances, and goals is essential.

Self-Care involves physical, mental, emotional and spiritual health.

Here are some ideas from which to pull:

Physical Health - Sleep a given number of hours, Eat or Eliminate certain foods, Set movement/Exercise goals, Stretch, Eliminate/Change a habit that impacts physical health (Ex: Smoking, Caffeine, Excess Sugar, etc.)

Mental Health - Partake in activities and hobbies that challenge the mind, solve puzzles, clear mental clutter by focusing on the moment, Schedule Down time, Learn to Say No, Eliminate a given task or commitment.

Emotional Health - Journal, Have truthful conversations, Rid self of a specific negative emotion, Add Laughter and Fun to your life, Smile more to increase positivity, Find the good in all situations, Improve confidence.

Spiritual Health - Meditate, Add a spiritual ritual, Read a book related to spirituality, Sit in nature, Participate in a creative activity that allows you to “just be”.

ASPECTS OF SELF-CARE	How will you make this happen? What will it look like? *Make it measurable if possible.	Follow up date: What is going well? What can be improved?
Mental Health GOAL		
Emotional Health GOAL		
Spiritual Health GOAL		
Physical Health GOAL		

Your Optimal Sleep

Each person is different when it comes to their sleep preferences, yet each person needs rest to survive and thrive. Making note of how you feel on varying amounts of sleep while taking into account other factors such as: night waking, sugar/caffeine intake, exercise, etc. will help you determine your optimal sleep practices.

DATE	How many hours did you sleep? What was your bedtime? Wakeup time?	Did you wake at all during the night? How many times? For how long?	Refined Sugar intake Amount? When?	Caffeine intake Amount? When?	How did you feel waking up and throughout the day? (Positives- mood, energy, performance)	How did you feel waking up and throughout the day? (Negatives- mood, energy, performance)	Other factors affecting energy (movement)/ Observations/ Changes to be made:

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ACHIEVE OUTER BALANCE

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COMMIT TO THRIVE

6 PHASE PROGRAM

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