

HEALTH & WELLNESS

WHAT DID YOU HAVE FOR BREAKFAST ?

And DINNER LAST NIGHT?

HOW MUCH DID YOU SLEEP LAST NIGHT?

**WHAT DID YOU DO THE 30 MIN BEFORE
SLEEPING?**

STRESS MANAGEMENT

**WHAT ARE YOUR TOP 3 STRESSORS
COMING INTO CLASS TODAY?**

- 1.
- 2.
- 3.

**DO YOU HAVE A HOBBY? YES / NO
WHAT IS IT?**

THE LAST TIME YOU DID THIS?

THE NEXT TIME THIS IS SCHEDULED?