

## **Sleep, Stress, & Your Environment**

1. What is currently **working BEST** with your efforts to improve your wellness?
2. What can you confidently say that you have **positively changed** (*behavior, food, mindset, lab results, weight, etc.*) that you feel most proud of?

### **STRESS**

1. On a scale of **0-10** how would you currently rank your **stress level**?  
(**0**-calm & cool/ **10** barely breathing)  
**\*If greater than an 8 – answer this question:.**

*If you had a magic wand and could lower your stress level what would that feel & look like?*

*Could you take 1 step toward changing an area of your living, breathing, or thinking in order to embrace a greater sense of calm and peacefulness?\**

*\*see deep breathing for stress management*

### **SLEEP**

1. How many **hours of sleep** do you currently get per night (*on average?*)
2. Are there any changes that may be helpful to improve the *quantity and/or quality* of sleep?
3. Do you typically “unplug” at least 30 minutes before going to bed? **Y/N**

### **ENVIRONMENT:**

1. Do you currently drink from a plastic water bottle daily? **Y/N**  
a. *If so, how many water bottles per week?* \_\_\_\_\_
2. Do you ever leave your water bottle in the hot car? **Y/N**
3. Do you select any organic fruits or veggies? **Y/N**
4. Do you use or spray air fresheners in your home? **Y/N**
5. Do you enjoy wearing a variety of perfumes? **Y/N**
6. When picking up dry-cleaning, do you remove the plastic over the clothes? **Y/N**
7. Do you use food from a can in your cooking more than 3x/wk? **Y/N**
8. Do you have your lawn treated with pesticides? **Y/N**
9. When you cook and you use oils (*ie. Olive oil*) do you leave the cap off? **Y/N**