

“Connecting to Wellness” Kid’s Cheat Sheet

Category	Activity	SLEEP	Daily	Daily/Weekly Checklist
Nervous System	Before sleep (if not before after)	Meditation (CD or self)	7 to 30 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nervous System		Journal/Prayer/Affirmation	7 to 30 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nervous System		Bible	7 to 30 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Posture	Sleep	Orthotic Pillow (if needed)	6 to 8 hours	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Meal(s)	<i>Daily with one day off a week</i>	
Nutritional	Ideal BMI/Calorie/Meal Ratio Meal for Kids www.cdc.gov	(No acidic or inflammatory foods)	15 to 45 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nervous System		Prayer		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nutritional		Supplements if needed		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		In between meals	<i>Daily</i>	
Nutritional	metabolic drink or healthy snack		5 to 10 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nervous System	Breathing exercise or meditation		2 to 20 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Work/Home/etc.	<i>Daily</i>	
Feet-Arches	Orthotics for feet if needed	(5 years and up)	1 to 3 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Posture	Back supports for chair, etc. if needed	Sit and Move	1 to 3 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nutritional	Water bottle	Half Body Weight in Ounces	1 to 3 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Cardio Training	<i>(Daily)</i>	
Cardiovascular	aerobic	Age Appropriate walking, jogging, biking, etc. www.cdc.gov	60 to 90 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		And/Or Combo		
Cardiovascular	anaerobic	Sports or High Intensity Activity	20 to 60 minutes (part of daily cardio)	(<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>)
		Strength Training	<i>(3 to 4 a week)</i>	
Strength		Age Appropriate Gymnastics, pushups, climbing, etc. www.cdc.gov	20 to 40 minutes (part of daily cardio)	(<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>)
		Flexibility	<i>(3 to 4 a week)</i>	
Flexibility	Intracell or massage device	Every body part for 20 to 40 passes	5 to 20 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Flexibility	stretching	Start an minimum and work up to maximum or Yoga, personal trainer, supervised class, video	15 to 30 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Flexibility	massage	Parent or Massage Therapist	15 to 60 minutes	<input type="checkbox"/>
		Chiropractic		
Nervous System	Chiropractic Adjustment	Doctor Recommendations <i>Weekly or Monthly</i>	10 to 30 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week or <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month