

“Connecting to Wellness” Adult Cheat Sheet / Checklist

| 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 without Activity (lose Weight) <hr/> Ideal BMI/Calorie/Meal Ratio Meal with Activity (Maintain Weight) | (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 | Protein drink or metabolic drink | | 5 to 10 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 | 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 | | 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 | | 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 | 6 to 8 glasses a day | 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>(2 to 4 times a week)</i> | |
| Cardiovascular | aerobic | Starting intensity level to next level (using training sheets/Cardio club) | 15 to 90 minutes | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | And/Or Combo | | |
| Cardiovascular | anaerobic | Body for Life Training Sheet | 20 minutes | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | Or personal trainer or supervised gym | | |
| | | Strength Training | <i>(3 to 4 a week)</i> | |
| Strength | Bands or barbells | Starting minimal sets and reps and work up each week | 20 to 40 minutes | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | And/Or Combo | | |
| Strength | Or personal trainer or supervised gym | | | <input type="checkbox"/> <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 | Massage therapist or spouse/parent/.spa | 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 |