

PERSONAL STRESS PRESCRIPTION

Please write how you will increase or decrease your dosage

	How often or by when
Friendships	
Gratitude	
Spirituality	
Mindfulness	
Screen Time	
Intoxicants	
Family/Kids	
Play/Joy	
Exercise	
Dance	
Planning Vacations	
Sleep/Rest	
Laughter/Smiling	
Taking Breaks, esp. in Nature	
Visual or Performing Arts	
Hydration/Nutrition	
Crafting/Making/Cooking	
Therapy/Medication	
Animal Love	\
Music/Drums: listening or creating	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

PRESCRIBED BY (your name here)

DATE

SIGNATURE



susan@nonprofitwellness.org @NonprofitWellness www.nonprofitwellness.org