



**HABIT CHANGE
PLUS/DELTA**

BRANCHES OF RESILIENCE

Rx STRESSOR SCORECARD
Score Where You Walk In The Door

Check 0, 1, or 2 boxes, self-rating how much stress you experience.

IDENTITY

- Nonprofit Worker or Educator
- Volunteer
- Female
- Person of color
- LGBTQIA
- Immigrant
- Political identity
- Religious identity

CIRCUMSTANCE

- Incarceration/Physical Incarceration
- Divorce/Relationship trouble
- Recent death of family member
- Secondary trauma
- Accident/Physical trauma
- Caretaker (child, parent)
- Recent K-12 School if you know it, or see handbook
- Chronic Illness, In/Visible disability
- Housing Insecurity
- Food Insecurity

Info icon

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ROOTS OF SELF-CARE AND TEAM-CARE

Rx 15 IMMUNE BOOSTERS

1. GET OUTSIDE
2. GET FUNGUS
3. LAUGH
4. WORK OUT or DANCE
5. FINGERES (20)
6. EAT PLANTS
7. GET A GOOD NIGHT SLEEP
8. STRENGTH MASSAGE
9. PERFORMANCE
10. SOCIAL / PET / GRATITUDE
11. ESSENTIAL OILS
12. HERBAL TEAS
13. ATURVEDA
14. PLAY

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Rx PERSONAL STRESS PRESCRIPTION

Prescribe for you and list number of doses per day/week

Prescribe for or by whom

Frequency: _____

Duration: _____

Special Diet: _____

Herbs: _____

Family/PCP: _____

Play: _____

Exercise: _____

Other: _____

Planting Medication: _____

Stress: _____

Laughing/Teasing: _____

Teasing/Being nice to others: _____

Visual or Performance Art: _____

Hydration/Protein: _____

Gratitude/Helping/Grading: _____

Therapy/Meditation: _____

Herbal Tea: _____

Mind/Down: Standing or walking: _____

PRESCRIBED BY (your name here) _____ DATE _____ SIGNATURE _____

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