# Rx PERSONAL STRESS PRESCRIPTION

Please write how you will increase or decrease your dosage

| | *How often or By When* |
|---|---|
| Friendships | |
| Gratitude | |
| Spirituality | |
| Mindfulness | |
| Pleasure Principle | |
| Family/Kids | |
| Play/Joy | |
| Exercise | |
| Dance | |
| Planning Vacations | |
| Sleep/Rest | |
| Laughter/Smiling | |
| Taking Breaks, esp. in Nature | |
| Visual or Performing Arts | |
| Listening to or Playing Music | |
| Hydration/Nutrition | |
| Crafting / Making / Cooking | |
| Animal Love | |

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

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