

LINDA'S 60-SECOND WELLNESS CHECK

GREEN & CLEAN HOME

- Do you use air fresheners or plug-ins?
- Do you use furniture polish?
- Do you use standard pest control sprays?
- Do you use Windex?
- Do you use Clorox?
- Has your skin broken out or appeared rough after using cleaning products?
- Does anyone in your home have asthma or respiratory problems?
- Do you have many cleaning products under your sink(s)?
- Do you cough or have eye irritation while cleaning with your products?
- Do you find the need to wear a mask while cleaning with your products?
- Do you or anyone in your family have skin irritations?

Yes	No
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TOTAL YES _____

WELLNESS PATH

- Do you exercise less than 4 sessions of 20 minutes each week?
- Is the stress in your life high?
- Do you rarely get a massage, yoga, acupuncture or chiropractic for health?
- Do you rarely have a regular spiritual practice - prayer or meditation?
- Water - do you drink less than 1/2 body weight in ounces?
- Do you smoke?
- Do you rarely laugh with friends or at funny movies?
- Do you ingest much sugar in the form of candy, diet soda, and/or cookies?
- Are you carrying extra weight for your height and age?
- Do you feel you have an unhealthy work/life balance?

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TOTAL YES _____

FAMILY HEALTH

- Do you have cancer, been diagnosed or had a precancerous growth removed?
- Do you have heart disease (high blood pressure, strokes, etc)?
- Have you been told you are diabetic or pre-diabetic?
- Have you lost a loved one or a pet in the last two years?
- Do you feel overwhelmed more often than you have a sense of peace?
- Do you rarely spend time out in nature?
- Do you have a driven, type A personality?
- Do you not sleep 6-8 hours per night, deeply?
- Do you feel unfulfilled in your job?
- Are you in pain daily?

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TOTAL YES _____

NAME _____

PHONE _____

EMAIL _____

GRAND TOTAL YES _____

If your grand total of YES is greater than 15, your health could be improved. Once completed, please scan or take a photo of this document and email to lpenkala96@gmail.com.