BRAIN AUDIT How Healthy Is Your Noggin?

On a scale of 1-10 (10 being the BEST, 1 being the WORST), how would you rate yourself for each of the following categories?

___Getting Micronutrients from food on a regular/daily basis? (vitamins and minerals)

__ Sleepful sleep (do you get ample sleep? sound sleep? refreshing sleep?)

Breathing (How well are you breathing? Are you conscious of it? Do you practice breathing?)

Pain/Comfort/Stress on body/How movement feels (In general how's your body feel and move?)

_____ How stressed are you on a day to day basis? Do you constantly feel like there's never enough time in the day or like you never have a spare moment?

Social connection (Do you feel connected socially? This could mean in your personal life, relationships with work people, communities you are a part of, etc. How satisfied are you in this department?)

Heart + Soul Connection (This includes your romantic and intimate relationships, your family, your children. How satisfied are you in this department?)

Meaningful work (this includes your professional work, charity work, being a mom or caretaker, your 'art' or passion. How satisfied are you in this department?)

Your self-talk (body image, self image, self esteem)

____ Mind/body awareness

_ Mind/body connection

DISTRACTION AUDIT

How many hours/minutes do you spend engaging in the following activities during a typical week? Place your answer next to each category below.

_TV/Movies/Netflix

_Social Media

__Games/apps

Mindless web scrolling

___Shopping (online or offline)

___ Mindless eating/Emotional eating

Drugs/alcohol/smoking cigarettes

<u>Bed Medication' (usually laying down, focusing on problem at hand or depressing/anxious thoughts, negative self talk, crying)</u>

_ SUM TOTAL OF ALL ACTIVITIES