



PERSONAL PRESCRIPTION

Please write how you will increase or decrease your dosage

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 _____

Animal Love _____

NAME

DATE

SIGNATURE



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