

WHO ELSE PUTS FOOD IN YOUR MOUTH?

A Next Level Wellness Journey
So, You Can Elevate Your Life.

Mentally. Emotionally. Spiritually. Physically.

Thank you for registering in our upcoming Next-Level Wellness Masterclass! We are excited to offer you the opportunity to elevate your life and take your well-being to new heights. Please take a few moments to fill out the mini worksheet that will help you in getting clear about what some of your goals and dreams are as we move to strive for **more in 2024**.

Your responses will help us help you.

1. On a scale of 1-10, rate your current overall well-being? _____

2. **What are your primary goals for participating in the Next-Level Wellness Masterclass? (Select all that apply)**

- Enhancing physical fitness and strength
- Improving nutrition and healthy eating habits
- Managing stress and enhancing relaxation
- Enhancing mental and emotional well-being
- Cultivating mindfulness and self-awareness
- Improving sleep quality and habits
- Developing a positive mindset and self-confidence
- Enhancing work-life balance

3. Which of the following areas do you feel you need the most support in? (Select all that apply)

- Physical fitness and exercise
- Nutrition and healthy eating
- Stress management and relaxation techniques
- Mental and emotional well-being
- Sleep and rest
- Mindfulness and self-awareness
- Personal development and goal setting
- Work-life balance
- Other (please specify):

4. How would you describe your current level of physical activity? (Select one)

- Sedentary (little to no physical activity)
- Light activity (occasional walks, light exercises)
- Moderate activity (regular exercise 2-3 times per week)
- Active (regular exercise 4-5 times per week)
- Very active (intense exercise almost every day)

5. How would you describe your current eating habits? (Select one)

- Mostly unhealthy and processed foods
- A mix of healthy and unhealthy foods
- Mostly healthy foods, with occasional indulgences
- Consistently healthy and balanced meals

6. On a scale of 1-10, how would you rate your current stress levels?

7. What are your typical stressors? (Select all that apply)

- Work-related stress
- Family or relationship issues
- Financial stress
- Health concerns
- Time management challenges
- Other (please specify):

8. How would you describe your current sleep quality? (Circle one)

- Poor (difficulty falling asleep or staying asleep)
- Fair (occasional sleep disturbances)
- Good (generally restful sleep)
- Excellent (consistent and restorative sleep)

9. Do you currently practice any mindfulness or relaxation techniques? If yes, please describe.

10. How would you rate your current level of self-care? (Circle one)

- Neglected (little to no self-care practices)
- Inconsistent (occasional self-care practices)
- Moderate (regular self-care practices)
- High (prioritize self-care and make it a daily habit)

NOW, TAKE A LITTLE TIME WITH
THIS SECTION

- 2024 Goals (One personal. One professional.)

! _____

! _____

BIGGEST OBSTACLE

- _____

Long-Term Aspirational (personal) Vision
Take some time to answer this question:

“What are my long-term goals and desires? What are the most important things I want to have, do and be in the next 12 months?”

Now choose one personal and one professional goal from above and make sure your goal is an outcome and is specific and measurable.

1. _____

2. _____

ACTIONS

For each goal identify 1 – 3 actions (tactics) you can take on a weekly basis that will accomplish your goal.

Goal 1: _____

Actions:

1. _____

2. _____

3. _____

Goal 2: _____

Actions:

1. _____

2. _____

3. _____

CONNECT WITH YOUR WHY

Why is it important for you to achieve your goal(s)?
How good will YOU feel when you hit the mark?