Energy Check-In

1-2=this is NEVER me **3-4=**this is OCCASIONALLY me **5-6=**this is me HALF the time

7-8=this is me MOST of the time **9-10=**this is me ALL the time

1. I eat a balanced meal within 1 hour of waking up.
2. I pay attention to when I am hungry or full.
3. I enjoy a variety of foods from each food group.
4. I sit less than 6 hours per day.
5. I get up to move for 10 minutes out of every hour.
6. I get at least 25 minutes of planned movement each day.
7. I get 7-8 hours of sleep every night.
8. I have a bedtime routine that calms me down.
9. I make choices that promote sleep health during the day.
10. I have one or more activity that I do when I notice tension in my body.
11. I can write down or verbalize specific situations that cause a stress response in my body.
12. I can identify the stressors that cause my body stress and differentiate between which stressors I can control and those I cannot.
13. I have close, comfortable, safe relationships with at least 3 people.
14. I connect with others socially at least 60 minutes per week.
15. I recognize when others are causing my brain and body stress and have language to lay down boundaries with them.
16. I have activities I enjoy outside of work and family commitments.
17. I spend at least 10 minutes per day relaxing or doing an activity I enjoy.
18. I only put my time and energy into things/people that bring me positive energy, or a sense of accomplishment or joy.
19. I have at least 3 resources to help me achieve my wellness goals (doctor, RDN, fitness professional, therapist, spiritual leader, coach, etc.)
20. I know when I need to take a mental or physical break.
21. I enjoy moving my body.
22. I enjoy learning new things, and teaching others about topics I am knowledgeable in.
23. I smile or laugh at least 5 times daily.

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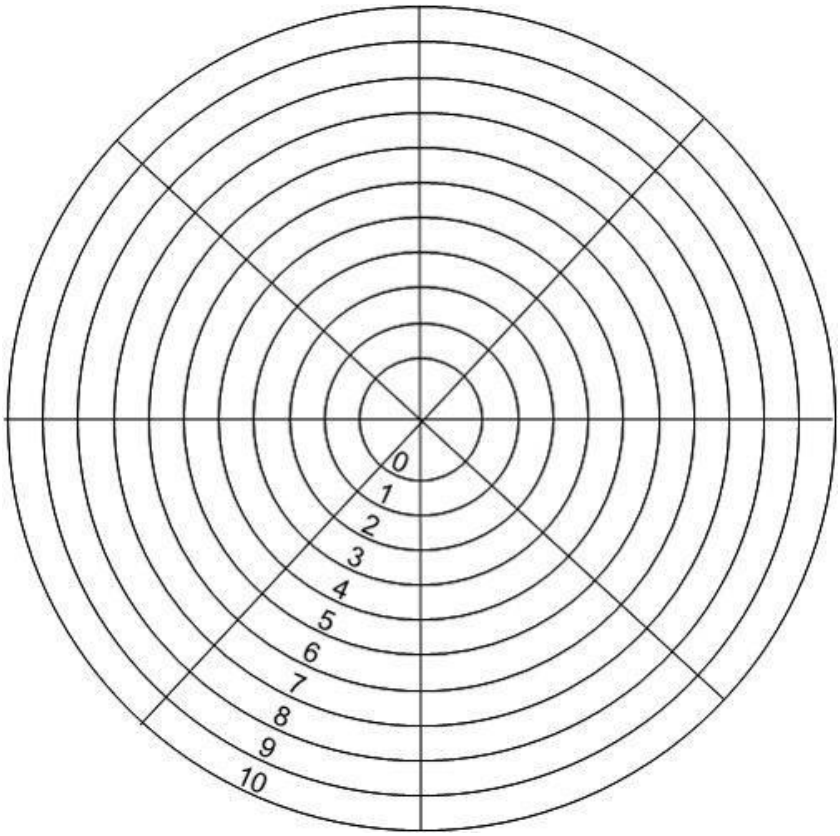
Kristin Klinefelter, MS, RDN, LD, CLT
Nutrition Consulting
eatsmart@paulbunyan.net | 218.556.2970

Energy Check-In

My **SMART Goal** for my ENERGY:



Life Balance Wheel

Identify your top 8 Life Categories. Color in your energy level in each category. How balanced is your wheel?

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