



BE THE WELLNESS

Day One

CULTIVATING FEELINGS OF SAFETY WORKING WITH YOUR BODY

WHAT DO YOU NEED IN ORDER TO FEEL SAFE AND SUPPORTED?

HOW ARE YOU FEELING IN YOUR BODY CURRENTLY?

HOW WOULD YOU LIKE TO FEEL?



WHAT IS A RESTORATIVE OR REJUVENATIVE PRACTICE YOU CAN DO TO MOVE YOU CLOSER TO HOW YOU WANT TO FEEL?

Empty rounded rectangular box for writing an answer to the first question.

WHAT DOES YOUR BODY NEED MORE OF?

Empty rounded rectangular box for writing an answer to the second question.

HOW CAN YOU REMIND YOUR BODY YOU ARE SAFE?

Empty rounded rectangular box for writing an answer to the third question.

WHAT IS ONE THING YOU CAN DO TODAY TO BETTER CARE FOR YOUR BODY?

Empty rounded rectangular box for writing an answer to the fourth question.

