Nutrition

1. How much water do I consume daily?
2. How many servings of fruits and vegetables do I consumer daily?
3. How often do I eat fast/processed foods?
4. How balanced are my daily meals?

Rest

1. How many hours of sleep do I get on average each night?
2. How often do my sleep habits differ from my average sleep?
3. How much energy do I normally have?

Quality of Life

1. How often do I take time to meditate?
2. What kind of projects and goals am I working on for myself?
3. How much has my mental health interfered with my daily work?

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Safety

1. How often do I wear my seatbelt?
2. Do I feel safe from workplace violence and bullying at work?
3. How often do I take my medications as prescribed to me?
4. When was the last time I visited my primary care provider? My dentist?
5. How often do I wear sunscreen and clothing to protect me from the sun?

Physical Activity

1. How often to I exercise?
2. What types of exercise do I perform?
3. How frequently do I get up and move during the day?
4. How often has my physical activity been limited due to health problems?
5. How much has my physical health interfered with my daily work?

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