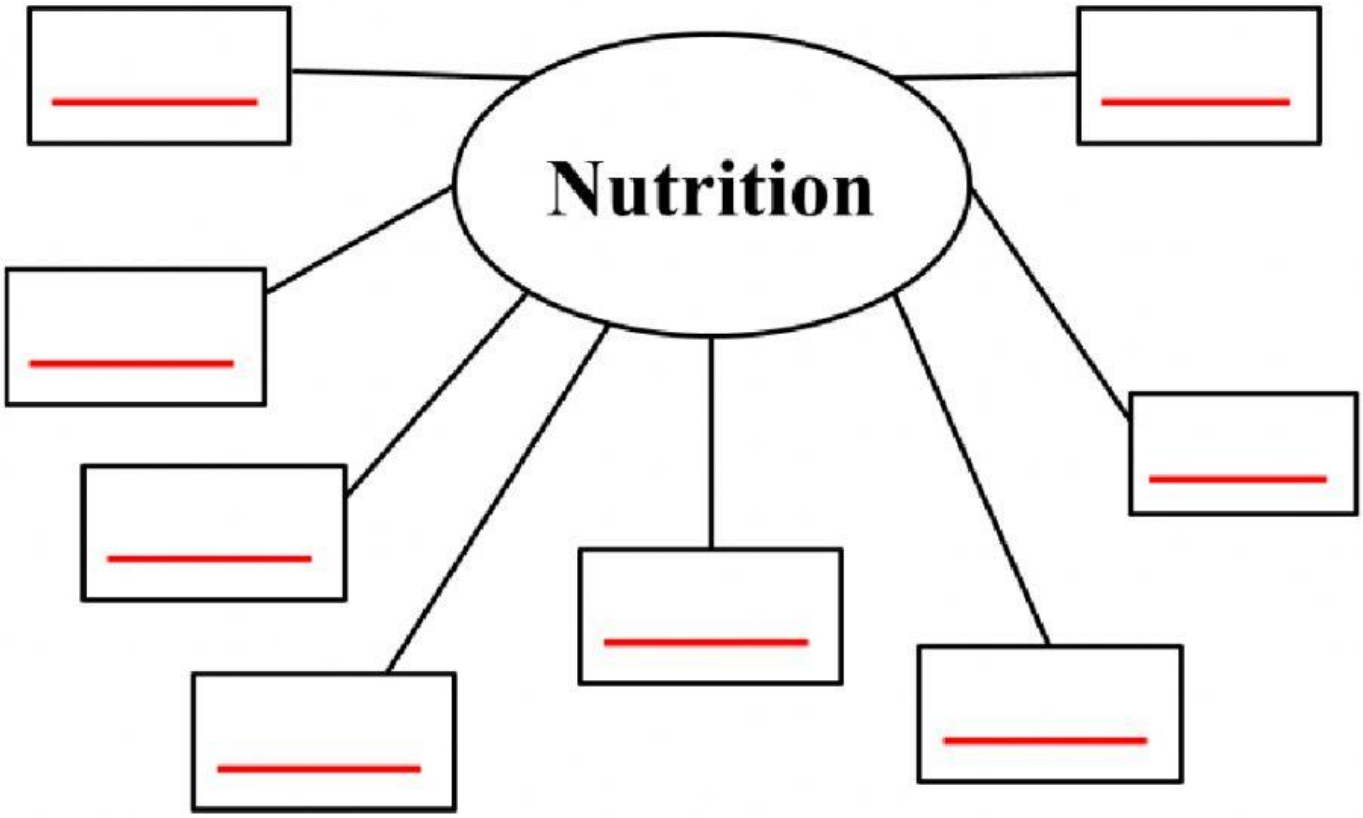
Wellness

Name: _____

In the boxes below, **WRITE** down **FIVE** or **MORE** words that you think of **NUTRITION**

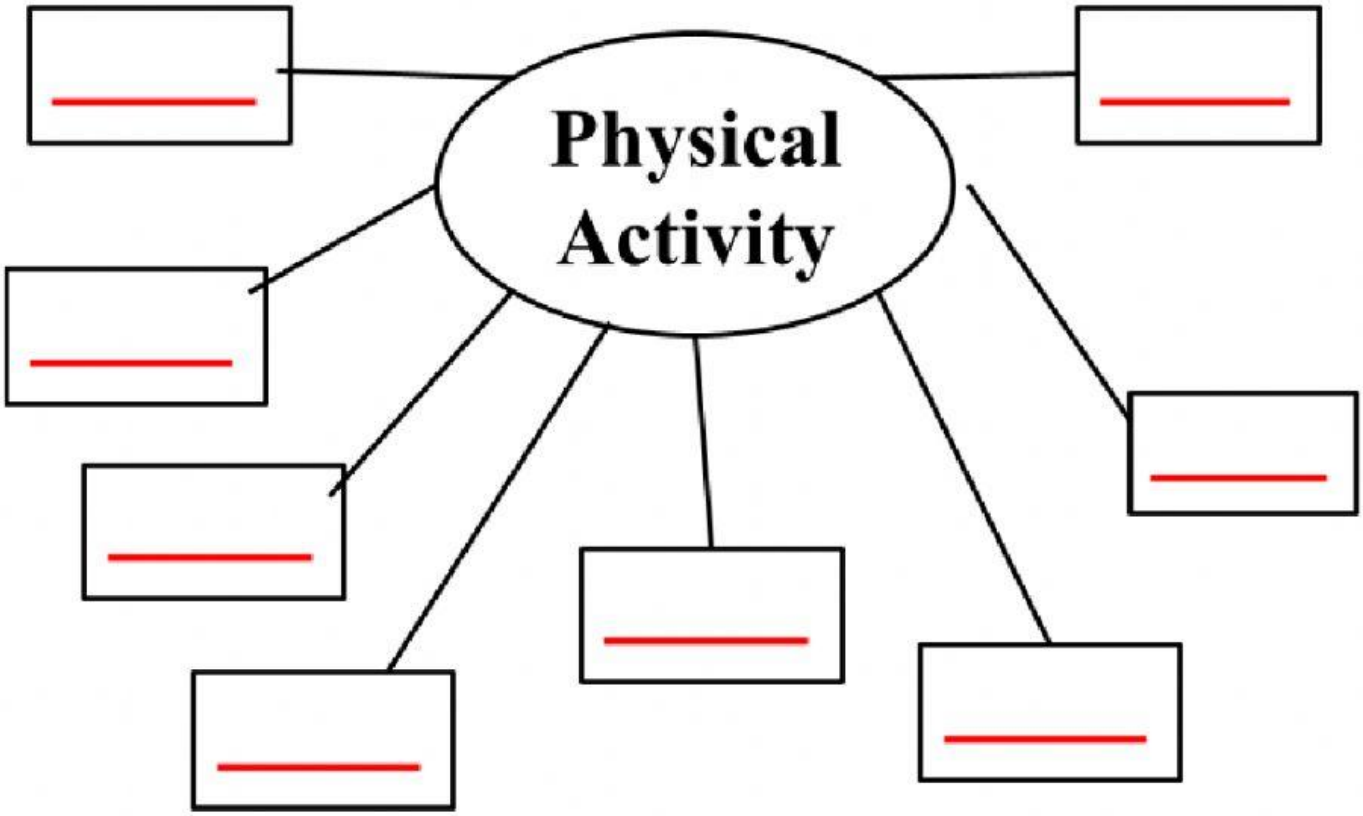


LIVEWORKSHEETS

Wellness

Name: _____

In the boxes below, **WRITE** down **FIVE** or **MORE** words that you think of **PHYSICAL ACTIVITY**

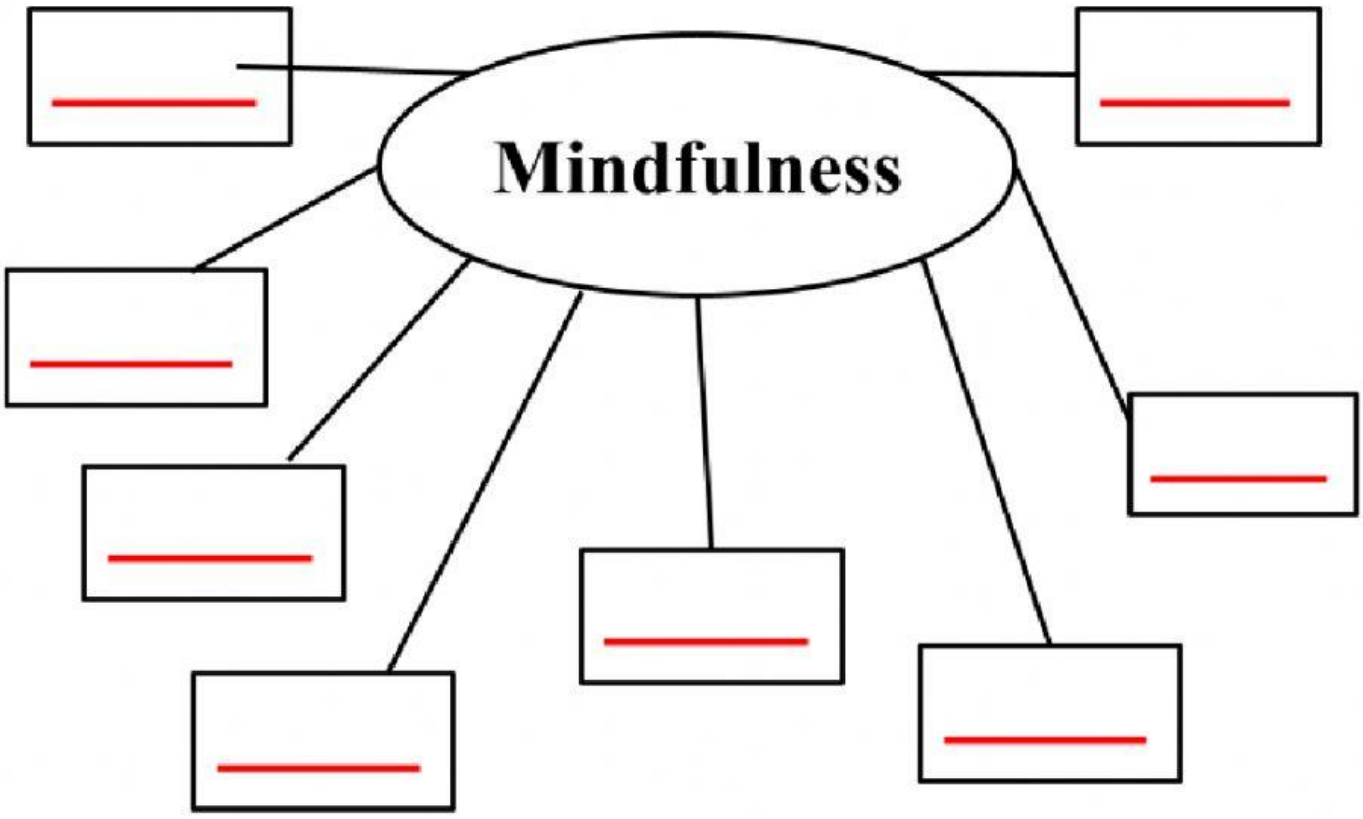


LIVEWORKSHEETS

Wellness

Name: _____

In the boxes below, **WRITE** down **FIVE** or **MORE** words that you think of **MINDFULNESS**



LIVEWORKSHEETS