Name	
Name	

Date _____



Nature Health Benefits LIVE – Episode 1 Challenge

What did you do during your time outside?	
, , , , , , , , , , , , , , , , , , , ,	
How do you feel after your time outside?	
riow do you reer arter your time outside:	
Would you like to do this activity again? If so,	
why? If not, why not?	