

# Self-Care Assessment

The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days. When you are finished, look for patterns in your responses. Are you more active in some areas of self-care? Do you tend to ignore others? Are there items on the list that hadn't even occurred to you? Listen to your internal responses and dialogue about self-care, and take note of anything you would like to prioritize moving forward.

***Rate the following areas according to how well you think you are doing...***

**3** = I do this well (e.g., frequently)  
**2** = I do this OK (e.g., occasionally)  
**1** = I barely or rarely do this

**0** = I never do this  
**?** = This never occurred to me

## Physical Self-Care

Eat regularly (breakfast, lunch, and dinner)  
 Get regular medical care for prevention  
 Get medical care when needed  
 Take time off when sick  
 Wear clothes I like  
 Do some fun physical activity  
 Think positive thoughts about my body

Exercise  
 Eat healthily  
 Get massages  
 Take vacations  
 Get enough sleep  
 Do some fun artistic activity  
 (Other) \_\_\_\_\_

## Psychological Self-Care

Take day trips or mini-vacations  
 Have my own personal psychotherapy  
 Make time away from technology/internet  
 Read something unrelated to work  
 Notice my thoughts, beliefs, attitudes, feelings  
 Engage my intelligence in a new way or area  
 Do something at which I am not expert

Make time for self-reflection  
 Write in a journal  
 Attend to minimizing life stress  
 Be curious  
 Say no to extra responsibilities  
 Be okay leaving work at work  
 (Other) \_\_\_\_\_

## Emotional Self-Care

Spend time with people whose company I enjoy  
 Stay in contact with important people in my life  
 Re-read favorite books, re-view favorite movies  
 Identify and seek out comforting activities/places  
 Express my outrage in social action or discussion

Love myself  
 Allow myself to cry  
 Give myself affirmation/praise  
 Find things that make me laugh  
 (Other) \_\_\_\_\_

**Spiritual Self-Care**

- |  |   |
|--|---|
| <input type="checkbox"/> Make time for reflection                        | <input type="checkbox"/> Spend time in nature           |
| <input type="checkbox"/> Find a spiritual connection or community        | <input type="checkbox"/> Be open to inspiration         |
| <input type="checkbox"/> Be aware of non-material aspects of life        | <input type="checkbox"/> Cherish my optimism and hope   |
| <input type="checkbox"/> Try at times not to be in charge or the expert  | <input type="checkbox"/> Be open to knowing             |
| <input type="checkbox"/> Identify what is meaningful to me               | <input type="checkbox"/> Meditate                       |
| <input type="checkbox"/> Seek out reenergizing or nourishing experiences | <input type="checkbox"/> Find time for prayer or praise |
| <input type="checkbox"/> Contribute to causes in which I believe         | <input type="checkbox"/> Have experiences of awe        |
| <input type="checkbox"/> Read or listen to something inspirational       | <input type="checkbox"/> (Other) _____                  |

**Relationship Self-Care**

- |   |   |
|---|---|
| <input type="checkbox"/> Schedule regular dates with my partner             | <input type="checkbox"/> Make time to be with friends |
| <input type="checkbox"/> Call, check on, or see my relatives                | <input type="checkbox"/> Ask for help when I need it  |
| <input type="checkbox"/> Share a fear, hope, or secret with someone I trust | <input type="checkbox"/> Communicate with my family   |
| <input type="checkbox"/> Stay in contact with faraway friends               | <input type="checkbox"/> Enlarge my social circle     |
| <input type="checkbox"/> Make time for personal correspondence              | <input type="checkbox"/> Spend time with animals      |
| <input type="checkbox"/> Allow others to do things for me                   | <input type="checkbox"/> (Other) _____                |

**Workplace or Professional Self-Care**

- |  |  |
|--|--|
| <input type="checkbox"/> Take time to chat with coworkers                  | <input type="checkbox"/> Make quiet time to work       |
| <input type="checkbox"/> Identify projects/tasks that are exciting         | <input type="checkbox"/> Take a break during the day   |
| <input type="checkbox"/> Balance my load so that nothing is "way too much" | <input type="checkbox"/> Set limits with my boss/peers |
| <input type="checkbox"/> Arrange work space to be comfortable              | <input type="checkbox"/> Have a peer support group     |
| <input type="checkbox"/> Get regular supervision or consultation           | <input type="checkbox"/> Identify rewarding tasks      |
| <input type="checkbox"/> Negotiate/advocate for my needs                   | <input type="checkbox"/> (Other) _____                 |

**Overall Balance**

- Strive for balance within my work-life and work day
- Strive for balance among my family, friends, and relationships
- Strive for balance between play and rest
- Strive for balance between work/service and personal time
- Strive for balance in looking forward and acknowledging the moment

**Areas of Self-Care that are Relevant to You**

- (Other) \_\_\_\_\_
- (Other) \_\_\_\_\_
- (Other) \_\_\_\_\_