Self Care Assessment Worksheet

Name Date				
Give yourself a ranking for each of the self-care activities below on a scale fror	n 0 to 3 ((0=	I never do this; 1= I		
rarely do this; 2= I do this okay/sometimes; 3=I do this well/often). There may be some activities that are not				
applicable or valuable for you, and there may be some you want to improve on in your own life. For the activities you				
want to make an effort to improve on, check the "Want to improve" box.	Denting	\ A /		
Physical	Ranking	Want to Improve		
Eat regularly				
Eat nutritious foods				
Take care of personal hygiene				
Exercise				
Get medical care to prevent health issues				
Take time off when I'm sick				
Get enough sleep				
Psychological/Emotional				
Make time away from screens				
Make time for self-reflection				
Take time off work/obligations				
Participate in hobbies				
Learn new things				
Do something comforting				
Find things that make me laugh				
Work on minimizing stress				
Personal/Social				
Schedule dates with my partner/spouse				
Spend time with people I like				
Make time to see friends				
Meet new people				
Have stimulating conversations				
Do enjoyable activities with other people				
Keep in touch with old friends				
Additional Notes				

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Name	Date		
]	Ranking	Want to Improve
Spiritual			•
Spend time in nature			
Meditate			
Pray			
Set aside time to reflect on what is meaningful to you			
Practice gratitude			
Engage in creative activities			
Appreciate art that is meaningful to you		2	
Professional			
Develop my professional skills			
Take breaks during the workday			
Work on projects that are interesting or rewarding			
Build relationships with my colleagues			
Balance my workload			
Make my workspace comfortable			
Get regular supervision and reviews			
Additional Notes			

