Self Care Assessment Worksheet

Name	Date		
Give yourself a ranking for each of the self-care activities below on a scale from 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 t	· · · · · · · · · · · · · · · · · · ·	For the activities you	
	Ranking	g Want to Improve	
Physical		y	
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		
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		