Self-Care Inventory

Name:	Age:	Date:
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This Self-Care Inventory is designed to help you assess your current self-care practices and identify areas for improvement. Please rate each statement based on how often you engage in the following self-care activities, using the following scale:

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

Physical Self-Care	1	2	3	4	5
Eat regularly (e.g., breakfast, lunch, and dinner) (text field)					
Eat healthy food.					
Exercise consistently.					
Get regular medical care for prevention.					
Get medical care when necessary.					
Take time off when sick					
Engage in physical activities that are enjoyable (e.g., dance, swim, walk)					
Get enough sleep					
Take vacations					
Wear clothes you like					
Take day trips or mini-vacations					
Make time away from phones, gadgets, and the Internet					

Psychological Self-Care	1	2	3	4	5
Make time for self-reflection					
Engage in personal psychotherapy					
Write in a journal					
Do something where you are not an expert or in charge					
Cope with stress in personal and/or work life					
Notice inner experience					
Provide others with different aspects of self					
Try new things					
Practice receiving from others					
Improve ability to say "no" to extra responsibilities					

Emotional Self-Care	1	2	3	4	5
Allow for quality time with others whose company you enjoy					
Maintain contact with valued others					
Give self-affirmations and praise					
Love yourself					
Revisit favorite books or movies					
Identify and engage in comforting activities					
Allow for expression of feelings					

Spiritual Self-Care	1	2	3	4	5
Allow time to reflect on spiritual beliefs and morals					
Meditate/pray					
Spend time with nature					
Participate in a spiritual community					
Be open to inspiration					
Cherish optimism and hope.					
Be aware of nonmaterial aspects of life					
Cultivate ability to identify what is meaningful					
Contribute to causes you believe in					
Read inspirational or religious literature					

Intellectual Self-Care	1	2	3	4	5
Read literature that is unrelated to work					
Engage in activities that stimulate your mind					
Pursue personal interests and hobbies.					
Seek opportunities for learning and growth.					
Be curious and open-minded.					
Challenge myself intellectually.					

Workplace or Professional Self-Care	1	2	3	4	5
Allow for breaks during the workday					
Engage with co-workers					
Provide self quiet time/space to complete tasks					
Participate in projects or tasks that are exciting and rewarding					
Set limits/boundaries with clients and colleagues					
Balance workload/cases					
Arrange workspace for comfort					
Maintain regular supervision or consultation					
Negotiate needs (e.g., benefits, raises)					
Participate in peer support groups					

Self-Care Assessment and Improvement

Based on your responses, identify areas where you feel you are doing well and areas where you would like to improve. Identify both strengths and areas for improvement.

Outline specific steps you plan to take to enhance your self-care in the areas identified for improvement:

Healthcare Professional's Additional Notes and Recommendations	
Please provide any observations, potential areas for discussion, or recommendations for further exploration based on the patient's responses.	
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