

# Self-Care Assessment

**Directions:** Complete the questions below to assess your own patterns for self-care.

1. The first thing I do in the morning is \_\_\_\_\_.
2. When I am taking care of myself, I feel \_\_\_\_\_.
3. My favorite self-care activity is \_\_\_\_\_.
4. My least favorite self-care activity is \_\_\_\_\_.
5. I know I need to stop and take care of myself when I feel \_\_\_\_\_.
6. After I engage in a self-care activity, I feel \_\_\_\_\_.
7. \_\_\_\_\_ is my priority in life.

**Directions:** Fill in the circle(s) that applies to your own self-care habits for each question below.

1. When I think about self-care I think about...

- How much time I have in between work and my responsibilities.
- Finishing everything I need to do before taking time to take care of myself.
- Scheduling time in my daily schedule to take care of my personal self-care needs.

2. To me, self-care is...

- A luxury
- Necessary
- A sign of weakness
- A sign of laziness
- Hard to do
- Unnecessary
- Difficult to maintain
- As important as my other daily responsibilities

3. When I engage in self-care, I feel...

- Liberated
- Relaxed
- Rejuvenated
- Important
- Worthy
- Guilty
- Lazy
- Weak
- Unfocused
- Wasteful
- Tired

**Directions:** Fill in the circle next to how often you experience each of the following scenarios:

1. I have trouble saying “no” to work...

- All the time
- Sometimes
- Rarely
- Never

2. I have trouble saying “no” to responsibilities...

- All the time
- Sometimes
- Rarely
- Never

3. I have trouble saying “no” to family and friends...

- All the time
- Sometimes
- Rarely
- Never

4. I make self-care a priority

- All the time
- Sometimes
- Rarely
- Never