

Self-Care Assessment Worksheet

Rate your self-care habits on a scale of 1 to 5, with 1 being "rarely or never" and 5 being "always".

| Statement | Rating | | | | |
|--|----------|----------|----------|----------|----------|
| Physical Self-Care | 1 | 2 | 3 | 4 | 5 |
| I get enough sleep (7-8 hours per night) | | | | | |
| I exercise regularly (at least 3 times a week) | | | | | |
| I eat a balanced, healthy diet | | | | | |
| I stay hydrated by drinking enough water | | | | | |
| Emotional Self-Care | | | | | |
| I allow myself to feel and process my emotions | | | | | |
| I practice self-compassion and kindness towards myself | | | | | |
| I regularly engage in activities that bring me joy and relaxation | | | | | |
| Mental Self-Care | | | | | |
| I stimulate my mind through reading or learning new things | | | | | |
| I take breaks from screens and digital devices | | | | | |
| I manage stress through mindfulness or other relaxation techniques | | | | | |

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|--|--------|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Social Self-Care | | | | | |
| I spend time with friends and family who support me | | | | | |
| I reach out to others when I need help or support | | | | | |
| I set and maintain healthy boundaries in my relationships | | | | | |
| Spiritual Self-Care | | | | | |
| I regularly engage in practices that bring me peace and inner calm (e.g., meditation, prayer, or reflection) | | | | | |
| I reflect on my personal values and align my actions with them | | | | | |
| I create time for stillness or silence in my day to reconnect with myself | | | | | |

What area(s) of self-care do you feel the most satisfied with?

What area(s) of self-care do you think needs the most improvement?