

SELF-CARE EVALUATION

Are you making yourself a priority?

Directions: Complete the questions below to assess your 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: Circle all that apply to your self-care habits for each question below.

- When I think about self-care I think about...
 - How much time I have 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
- To me, self-care is...
 - A luxury
 - Necessary
 - A sign of laziness
 - Hard to do
 - Unnecessary
 - Difficult to schedule
 - As important as my other daily responsibilities
- When I engage in self-care I feel...
 - Liberated
 - Relaxed
 - Rejuvenated
 - Important
 - Worthy
 - Guilty
 - Lazy
 - Weak
 - Unfocused
 - Wasteful
 - Tired

Directions: Circle the one that shows 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

The Journey Inward

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