My Self Care

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| Self Care Practices | Thriving | Doing OK | Needs My Attention |
| **PHYSICAL WELL-BEING** |  |  |  |
| I eat food that is healthy for me. |  |  |  |
| I eat at regular intervals throughout the day. |  |  |  |
| I drink a healthy amount of water every day. |  |  |  |
| I regularly engage in physical activity thatI enjoy. |  |  |  |
| I get enough sleep, consistently. |  |  |  |
| I give myself regular relaxation and playtime. |  |  |  |
| I give myself downtime when I’m not well. |  |  |  |
| I get health care support when needed. |  |  |  |
| I take regular vacations and time-outs. |  |  |  |
| I take technology breaks on a regular basis. |  |  |  |
|  |  |  |  |
| **PSYCHOLOGICAL WELL-BEING** |  |  |  |
| I am consciously aware of my stress levels. |  |  |  |
| I have a workable plan to reduce my stresslevels when they get excessive. |  |  |  |
| I have a conscious awareness of my thoughts, judgments, beliefs, attitudes, andfeelings. |  |  |  |
| I have strategies to shift the thoughts,judgments, beliefs, attitudes, and feelingsthat aren’t serving me. |  |  |  |
| I regularly recognize my achievements. |  |  |  |
| I celebrate my successes. |  |  |  |
| I engage in regular intellectual stimulationthat stretches my brain. |  |  |  |
| I regularly make time for self-reflection. |  |  |  |
| I nurture my inner experience: dreams,imagination, feelings. |  |  |  |
| I have a healthy balance of people time andalone time, which meets my needs. |  |  |  |
| I have a healthy balance of giving andreceiving. |  |  |  |
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| **EMOTIONAL WELL-BEING** |  |  |  |
| I treat myself with kindness andcompassion. |  |  |  |
| I know my commitment limits and I respectthem. |  |  |  |
| I say “no” when I need to take care of myself. |  |  |  |
| I set healthy boundaries. |  |  |  |
| I have friends who nourish me. |  |  |  |
| I nurture important relationships. |  |  |  |
| I cultivate a reliable emotional supportnetwork. |  |  |  |
| I process grief and anger in healthy ways. |  |  |  |
| I ask for help when I need it. |  |  |  |
| I laugh regularly. |  |  |  |
|  |  |  |  |
| **SPIRITUAL WELL-BEING** |  |  |  |
| I “fill my inner well” with reading andactivities that inspire me. |  |  |  |
| I have regular practices that nourish myspirit. |  |  |  |
| I cultivate optimism, hope, and resilience. |  |  |  |
| I actively look for things to be grateful for. |  |  |  |
| I sustain a strong connection with my innerwisdom and guidance, and I respect it. |  |  |  |
| I am open to not knowing. |  |  |  |
| I find ways to be creative that I love. |  |  |  |
| I know what matters and I prioritize it. |  |  |  |
| I feel a sense of purpose. |  |  |  |
| I feel I make a difference in the lives ofpeople who are important to me. |  |  |  |
| I spend time in nature. |  |  |  |
| I have a meaningful connection with aspiritual community of my choice. |  |  |  |
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**My Highest Leverage Self Care Practices** are:

(High Leverage Self Care Practices are the ones that, when I do them, make doing all the rest of the practices more possible.)

The **Five Self Care Practices that I want to give special attention to**, in the next 90 days:

1.

2.

3.

4.

5.

I commit to doing healthy, vibrant Self Care Practices that nourish my well-being:

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Signed Date