

Self-Care in Life Inventory

Basic Self-Care Needs	Yes	No	Goal
1. Do I usually get enough sleep?			
2. Do I usually eat something fresh and unprocessed every day?			
3. Do I allow time in my week to touch nature, no matter how briefly?			
4. Do I get enough sunlight, especially in wintertime?			
5. Do I see a medical practitioner at least once a year?			
6. Do I see a dentist every six months?			
7. Do I get regular sex thrills?			
8. Do I get enough fun exercise?			
9. Am I hugged and touched amply?			
10. Do I make time for friendship?			
11. Do I nurture my friendships?			
12. Do I have friends I can call when I am down, friends who really listen?			
13. Can I honestly ask for help when I need it?			
14. Do I regularly release negative emotions in a healthy manner?			
15. Do I forgive myself when I make a mistake?			
16. Do I do things that give me a sense of fulfillment, joy and purpose?			
17. Is there abundant beauty in my life?			
18. Do I allow myself to see beauty and to bring beauty into home and office?			
19. Do I make time for solitude?			
20. Am I getting daily or weekly spiritual nourishment?			
21. Can I remember the last time I laughed until I cried?			
22. Do I accept myself for who I am?			
Total of Yes and No responses ¹			

¹Yes number lower than 10 indicates violation of standards of self-care and highly vulnerable to health and mental health problems

Self-Care at Work Inventory

Self-Care @ Work	Yes	No	Goal
1. Do I take a lunch break every day and do something unrelated to work?			
2. Do I work reasonable hours?			
3. Do I schedule "breathing room every day so I can step back, and re-evaluate my priorities?			
4. Is my office free of clutter?			
5. Do I have adequate lighting and clean air?			
6. Do I delegate work to free my time and empower others?			
7. Do my family/friends honour my work time? If no, have I asked them?			
8. Do I have blocks of uninterrupted time without distractions and interruptions?			
9. Do I have a DO NOT DISTURB sign?			
10. Have I scheduled specific times for returning phone calls and checking emails?			
11. Have I stopped taking on more than I can handle?			
12. Do I drink enough water when I am at work?			
13. Do I have comfortable shoes/slippers at my office?			
14. Do I schedule time off from work (sick leave and/or vacation time) to take care of myself?			
15. Do I have someone to talk with about my professional life?			
16. Do I have creature comforts that make my office pleasant? (music and other sounds, aroma, artwork)			
17. Do I say yes to commitments that I later regret?			
Total of Yes and No responses ²			

² More than 8 no answers is a violation of standards of self-care