

Self-Care Quiz

INSTRUCTIONS

How good are you to yourself? Read the questions, then check the box that seems most appropriate. There are no 'wrong' answers—simply choose the response seems most relevant for you right now, then score your results below.

	Yes	Sometimes	No
1. I am up-to-date with my optometrist, dentist and other health check-ups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am happy with my physical fitness and energy levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I eat a well-balanced diet most of the time and do not abuse my body with caffeine, alcohol or similar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I get plenty of sleep so I always feel well rested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I take regular breaks from my work during the day, at weekends and use my holidays for enjoyment & relaxation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I like how my hair is currently. I am happy with my wardrobe and my 'style'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I meditate, journal, quietly relax or have alone-time regularly (where I am not 'doing' anything including chores or things for others).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I prioritize how I spend my time. Important things always get done in plenty of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I say "No" to myself and others when I want—or need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My home is clean to a standard I am content with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My home is organized, tidy and somewhere I love to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My home is a calm haven (or has a place within it) that takes me away from the stresses of the world.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I recognize my stress signals and know when to take a break.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have enough people in my life who see, love and support me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Apart from my work and exceptional situations, I only spend time with people who support, energize and inspire me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I listen to and trust my intuition when it comes to looking after me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have a mentor/s that support and encourage me in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I have no regrets & have forgiven myself or made amends for past mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I have let go of any past resentments towards others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I have reserves of things that are important to me or help my life run smoothly eg. contact lenses, pens, paper, vitamins or bathroom tissue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I have things to look forward to in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL the NUMBER of 'Yes's, Sometimes and 'No's here: _____

Use the scoring system below to write your final total here: _____

Score 2 points for each Yes, 1 point for each Sometimes and 0 points for each No (the maximum possible total is 42).

What did you learn about yourself? _____
