



Every day we all carry out routines and behaviors. Sometimes our intentions for the day do not match the reality based on every day stressors and responsibilities.

Becoming self-aware is the first step in creating change. This worksheet is for your eyes only. The goal is to think through how you react to stress. Remember, honesty is key.

Please check off the following that match your behaviors, especially in times when you feel stressed.

**When I am stressed or upset, I tend to:**

- Engage in physical activity
- Get plenty of sleep (6-8 hours)
- Maintain good eating habits
- Make time to relax and unwind
- Maintain a sense of humor
- Do something playful
- Do something artistic
- Maintain my healthy routines
- Be optimistic and engage in positive thinking.
- Spend time with family and/or friends.
- Make plan for the futures.
- Talk about stress.
- Celebrate accomplishments.
- Practice meditation.
- Ask for help.
- Connect with others.
- Work on a hobby

**THESE ARE POSITIVE SELF-CARE BEHAVIORS**

- Smoke/use tobacco
- Drink a lot of coffee or caffeinated drinks
- Drink alcohol
- Overuse over-the-counter medications
- Overeat or under eat
- Skip meals
- Shop or spend money
- Watch too much television or play too much video games
- Mindlessly scroll on social media
- Have an angry outburst
- Withdrawal from others
- Take illegal drugs
- Ignore or deny stress
- Stay up all night
- Engage in too much physical activity
- Hold in stress or withdrawl from others and normal routine.
- Sleep too much

**THESE ARE NEGATIVE SELF-CARE BEHAVIORS**

**Reflect on your thoughts of how you typically respond to stress. Are there behaviors you do more than others?**

We took a deep dive in learning what self-care items we tend to do when we are feeling stressed. Let's take that assessment one step further to determine if we are balanced in our self-care approach.

**Go through the following categories and rate yourself on the following scale:**

**3** = I do this frequently and I do it well • **2** = I do this occasionally • **1** = I barely do this • **0** = I never do this  
**X** = I don't envision I would enjoy this • **?** = This never occurred to me

Once you complete this take a hard look for patterns. What areas are you strong areas? Where is your biggest opportunity for improvement. Additionally, take special note of anything you would like to try, but haven't yet.



### PHYSICAL

- \_\_\_ Eat regularly (consume three meals per day)
- \_\_\_ Eat healthy (fruits/veggies, lean proteins, complex carbohydrates, limit saturated fats and simple sugars)
- \_\_\_ Exercise (at least 150 minutes per week)
- \_\_\_ Receive medical care and preventative screenings (wellness checks and screenings)
- \_\_\_ Get medical attention when you need it
- \_\_\_ Take time off when sick
- \_\_\_ Get a massage
- \_\_\_ Participate in recreational activities (dance, swim, sports, sing, other physical activity)
- \_\_\_ Get enough sleep
- \_\_\_ Take time to recover from physical activity (allow yourself rest days/active recovery)

**Notes:**

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## MENTAL

- \_\_\_ Take day trips, mini vacations or time off work
- \_\_\_ Make time away from telephones, email and internet
- \_\_\_ Spend time self-reflecting
- \_\_\_ Notice my thoughts, attitudes and feelings
- \_\_\_ Journal
- \_\_\_ Read literature or books unrelated to work
- \_\_\_ Do something I am not expert or in charge
- \_\_\_ Be curious
- \_\_\_ Engage my intelligence in an art show, theatre, sports event etc.
- \_\_\_ Say no when I need to.
- \_\_\_ Meditate
- \_\_\_ Spend time not multi-tasking
- \_\_\_ Try something artistic like painting or drawing

### Notes:

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## EMOTIONAL

- \_\_\_ Spend time with others whose company I enjoy.
- \_\_\_ Stay in contact with important people in my life.
- \_\_\_ Give myself affirmations and praise.
- \_\_\_ Love myself
- \_\_\_ Identify comforting activities, objects people and places
- \_\_\_ Allow myself to cry.
- \_\_\_ Find things that make me laugh.
- \_\_\_ Re-visit things from the past that brought me joy.
- \_\_\_ Reminisce with a friend or family member
- \_\_\_ Practice mindfulness
- \_\_\_ Accept feelings without judgement
- \_\_\_ Focus on what you can control
- \_\_\_ Keep a gratitude journal

### Notes:

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## ENVIRONMENTAL

- \_\_\_ Donate old clothes
- \_\_\_ Spend time in nature
- \_\_\_ Move furniture around
- \_\_\_ Have plants and maintain care for them
- \_\_\_ Decorate a spot you spend the most time in
- \_\_\_ Donate to charity
- \_\_\_ Volunteer
- \_\_\_ Clean your house or refrigerator
- \_\_\_ Make your bed
- \_\_\_ Buy flowers
- \_\_\_ Organize something in your home
- \_\_\_ Practice sustainability (ex: use reusable bags when grocery shopping)

### Notes:

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## RECREATIONAL/PLEASURE

- \_\_\_ Do things that bring you joy
- \_\_\_ Take vacations
- \_\_\_ Have a hobby
- \_\_\_ Go to the movies
- \_\_\_ Read a book
- \_\_\_ Do something creative (paint, crochet)
- \_\_\_ Complete a puzzle
- \_\_\_ Play games
- \_\_\_ Make a playlist of your favorite songs
- \_\_\_ Explore a new place
- \_\_\_ Go to an arcade or amusement park
- \_\_\_ Try a new activity like axe throwing or an escape room
- \_\_\_ Play with your pets
- \_\_\_ Go to a concert

### Notes:

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## SPIRITUAL

- \_\_\_ Make time for reflection.
- \_\_\_ Spend time in nature.
- \_\_\_ Find spiritual connection or community.
- \_\_\_ Be open to inspiration
- \_\_\_ Be aware of non-material aspects of life
- \_\_\_ Be open to not knowing.
- \_\_\_ Cherish hope.
- \_\_\_ Identify what is meaningful to me and notice its place in my life.
- \_\_\_ Mediate
- \_\_\_ Sing
- \_\_\_ Pray
- \_\_\_ Have experiences of awe

### Notes:

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## RELATIONAL/SOCIAL

- \_\_\_ Schedule regular dates with my partner, spouse, children or friends/family
- \_\_\_ Make time for important people in my life
- \_\_\_ Call and check on or see my relatives
- \_\_\_ Spend time with companion animals
- \_\_\_ Stay in contact with important individuals that live far away
- \_\_\_ Make time to reply and send personal emails and letters
- \_\_\_ Allow others to do things for me
- \_\_\_ Enlarge my social circle
- \_\_\_ Ask for help when I need it
- \_\_\_ Share fear, hope or sadness with others
- \_\_\_ Try something new with someone special
- \_\_\_ Do something nice for someone
- \_\_\_ Remember important details and ask questions about others
- \_\_\_ Set boundaries with family members or friends

### Notes:

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## WORK PLACE/PROFESSIONAL

- \_\_\_ Take a break during the work day
- \_\_\_ Take time to catch up with co-workers
- \_\_\_ Make quiet time to complete tasks
- \_\_\_ Identify projects or tasks that you enjoy
- \_\_\_ Set limits and define boundaries with people
- \_\_\_ Stay organized
- \_\_\_ Say no when your plate is full
- \_\_\_ Arrange work space that is comfortable and inspiring
- \_\_\_ Ask for help
- \_\_\_ Have a business buddy
- \_\_\_ Participate in company events/activities

### Notes:

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## CREATING YOUR SELF-CARE PLAN

Preparation is key to success in any area of life and self-care is no different. Below we are going to fill in our self-care plan that covers all the dimensions we talked about previously. There is room to expand and add a new dimension as well. This is your time to be intentional and choose the strategies that work well for you as well as address negative strategies you would like change. You will also think through barriers that may present themselves and ways you can overcome them. This sheet is your maintenance plan.

### PHYSICAL



YOUR CURRENT PRACTICE:

YOUR NEW PRACTICE:

BARRIERS AND HOW YOU WILL OVERCOME THEM:

### MENTAL



YOUR CURRENT PRACTICE:

YOUR NEW PRACTICE:

BARRIERS AND HOW YOU WILL OVERCOME THEM:

## EMOTIONAL



YOUR CURRENT PRACTICE:

YOUR NEW PRACTICE:

BARRIERS AND HOW YOU WILL OVERCOME THEM:

## ENVIRONMENTAL



YOUR CURRENT PRACTICE:

YOUR NEW PRACTICE:

BARRIERS AND HOW YOU WILL OVERCOME THEM:

## RECREATIONAL/PLEASURE



YOUR CURRENT PRACTICE:

YOUR NEW PRACTICE:

BARRIERS AND HOW YOU WILL OVERCOME THEM:

## SPIRITUAL



YOUR CURRENT PRACTICE:

YOUR NEW PRACTICE:

BARRIERS AND HOW YOU WILL OVERCOME THEM:

## RELATIONAL/SOCIAL



YOUR CURRENT PRACTICE:

YOUR NEW PRACTICE:

BARRIERS AND HOW YOU WILL OVERCOME THEM:

## WORKPLACE/PROFESSIONAL



YOUR CURRENT PRACTICE:

YOUR NEW PRACTICE:

BARRIERS AND HOW YOU WILL OVERCOME THEM: