**My Professional Self-Care Assessment**

1. Review the list of self-care practices below. *For the ones that are important to you*, rate how often you are engaging in these practices (feel free to add/share more ideas!)

3 = I do this frequently

2 = I do this occasionally

1 = I barely or rarely do this

0 = I never do this

? = This never occurred to me

\_\_\_\_ Take a break during the workday (e.g. lunch, coloring, going to the park, guided meditation)

\_\_\_\_ Take time to chat with co-workers

\_\_\_\_ Make quiet time to complete tasks

\_\_\_\_ Identify and make time for projects or tasks that are exciting and rewarding

\_\_\_\_ Set limits with clients

\_\_\_\_ Set limits with colleagues

\_\_\_\_ Balance my work week (e.g. long visit day followed by day with longer break for lunch)

\_\_\_\_ Arrange my work space so it is organized and helps me feel inspired

\_\_\_\_ Engage in supervision in a way that feels helpful to me

\_\_\_\_ Develop an area of professional interest/expertise

\_\_\_\_ Make time to come into office so I don’t have to carry around so much “stuff”

\_\_\_\_ Clean my trunk

\_\_\_\_Have a self care accountability partner

\_\_\_\_Refuel myself while driving (listening to my favorite music or podcast, practicing deep breathing)

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

When you are finished, look for patterns in your responses. Are there items on the list that make you think, "I

can’t make time for that"? Listen to your internal dialogue about self-care and making yourself a priority. Take particular note of anything you would like to include more in your workday.

*Adapted from:* [*http://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/self-care-assessment.pdf*](http://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/self-care-assessment.pdf)

1. My signs of stress are…



**My Self Resiliency Plan (Personal & Professional)**

1. Some things I can do at and outside of work to manage my stress are…

|  |  |  |  |
| --- | --- | --- | --- |
|   | I will continue doing...How often? (daily, weekly, monthly)  | I will start doing...How often? (daily, weekly, monthly) [ | I will stop doing… |
| Emotional |   |   |   |
| Physical |   |   |   |
| Spiritual |   |   |   |
| Social |   |   |   |
| Intellectual |   |   |   |

1. My barriers to self care are…
2. Some solutions for overcoming my barriers are…

