



Self-Care Planner

Reflecting, assessing, planning & tracking for
greater resilience & wellbeing



Brought to you by Best Care EAP



Assessing your needs

Complete the self-care assessment to determine current state of meeting your needs

Instructions:

Self-care activities are the things you do to maintain good health and improve well-being. You'll find that many of these activities are things you already do as part of your normal routine.

In this assessment you will think about how frequently, or how well, you are performing different self-care activities. The goal of this assessment is to help you learn about your self-care needs by spotting patterns and recognizing areas of your life that need more attention.

There are no right or wrong answers on this assessment. There may be activities that you have no interest in, and other activities may not be included. This list is not comprehensive, but serves as a starting point for thinking about your self-care needs.

1	I do this poorly	I do this rarely or not at all
2	I do this OK	I do this sometimes
3	I do this well	I do this often
★	I would like to improve at this	I would like to do this more frequently

1 2 3 ★ **Physical Self-Care**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eat healthy foods
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Take care of personal hygiene
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercise
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wear clothes that help me feel good about myself
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eat regularly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participate in fun activities (e.g. walking, swimming, dancing, sports)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Get enough sleep
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Go to preventative medical appointments (e.g. checkups, teeth cleanings)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rest when sick
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall physical self-care

1	I do this poorly	I do this rarely or not at all
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3	I do this well	I do this often
★	I would like to improve at this	I would like to do this more frequently

1 2 3 ★ **Psychological / Emotional Self-Care**

- Take time off from work, school, and other obligations
- Participate in hobbies
- Get away from distractions (e.g. phone, email)
- Learn new things, unrelated to work or school
- Express my feelings in a healthy way (e.g. talking, creating art, journaling)
- Recognize my own strengths and achievements
- Go on vacations or day-trips
- Do something comforting (e.g. re-watch a favorite movie, take a long bath)
- Find reasons to laugh
- Talk about my problems
- Overall psychological and emotional self-care

1	I do this poorly	I do this rarely or not at all
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3	I do this well	I do this often
★	I would like to improve at this	I would like to do this more frequently

1 2 3 ★ **Social Self-Care**

- Spend time with people who I like
- Call or write to friends and family who are far away
- Have stimulating conversations
- Meet new people
- Spend time alone with my romantic partner
- Ask others for help, when needed
- Do enjoyable activities with other people
- Have intimate time with my romantic partner
- Keep in touch with old friends
- Overall social self-care

1	I do this poorly	I do this rarely or not at all
2	I do this OK	I do this sometimes
3	I do this well	I do this often
★	I would like to improve at this	I would like to do this more frequently

1 2 3 ★ **Spiritual Self-Care**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spend time in nature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meditate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pray
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognize the things that give meaning to my life
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Act in accordance with my morals and values
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set aside time for thought and reflection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participate in a cause that is important to me
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appreciate art that is impactful to me (e.g. music, film, literature)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall spiritual self-care

1	I do this poorly	I do this rarely or not at all
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3	I do this well	I do this often
★	I would like to improve at this	I would like to do this more frequently

1 2 3 ★ **Professional Self-Care**

- Improve my professional skills
- Say "no" to excessive new responsibilities
- Take on projects that are interesting or rewarding
- Learn new things related to my profession
- Make time to talk and build relationships with colleagues
- Take breaks during work
- Maintain balance between my professional and personal life
- Keep a comfortable workspace that allows me to be successful
- Advocate for fair pay, benefits, and other needs
- Overall professional self-care

Current Stressors

List what is
bothering you...
get everything
out of your head:



My Stress Signs

What does your body tell you?
Be mindful and don't ignore!



Physical

- _____
- _____
- _____
- _____

Mental

- _____
- _____
- _____
- _____

Emotional

- _____
- _____
- _____
- _____



Self-Care Ideas to Cure a Bad Day

Physical	Mental	Emotional	Social
Tending to your physical body by keeping it healthy	Tending to your mind by practicing mindfulness and learning continuously	Staying in touch or fully engaging with your emotions	Staying connected with family and friends
<p>Set aside at least 30 minutes a day to workout or to simply move your body.</p> <p>Nourish your body with healthy food and keep yourself hydrated.</p>	<p>Set a routine & take breaks throughout the day</p> <p>Practice mindfulness and take time for mentally-relaxing activities as well as activities that stimulate your creativity.</p>	<p>Acknowledge your feelings and know they are valid. Write them in a journal or share with someone.</p> <p>Practice gratitude. Think of at least three things you are thankful for every day.</p>	<p>Maintain connections with other people</p> <p>Reach out to someone every day. Call or message a family member or friend just to check in.</p>

Daily Self-Care Checklist

A large rounded rectangular box with a black border. On the left side, there are six empty square checkboxes stacked vertically. A purple starburst graphic is positioned to the left of the bottom two checkboxes. A teal starburst graphic is positioned to the right of the top right corner of the box.A large rounded rectangular box with a black border. On the left side, there are six empty square checkboxes stacked vertically. A blue starburst graphic is positioned to the left of the bottom checkbox. A teal starburst graphic is positioned to the right of the middle right corner of the box.

Daily Self-Care Checklist

For example:

- Took a bath
- Brushed my hair
- Wore comfortable clothes
- Made myself a good meal
- Did some stretches

- Texted a friend
- Listened to my favorite song
- Smiled
- Replaced a bad thought with a good one
- Found animal memes

Weekly Self-Care Tracker



Week:

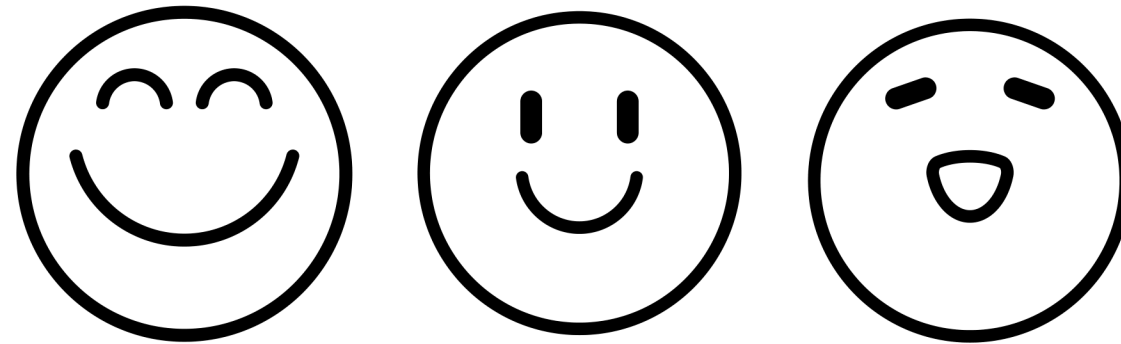
Date	Day	Sleep well	Meditate	Exercise	Journal	Eat Well
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					

Daily Self-Care Check-In



Date:
Time

**How I feel at
the
moment**



Stress level



Happiness level



Hunger level



Other?

Positive Self-Talk



Kind Things to Remind Myself When Things Get Tough



Daily Gratitude - Morning



Date:

3 things I'm thankful for:	
3 things that will make today amazing:	
3 things I look forward to:	

Daily Affirmation:

Daily Gratitude - Evening



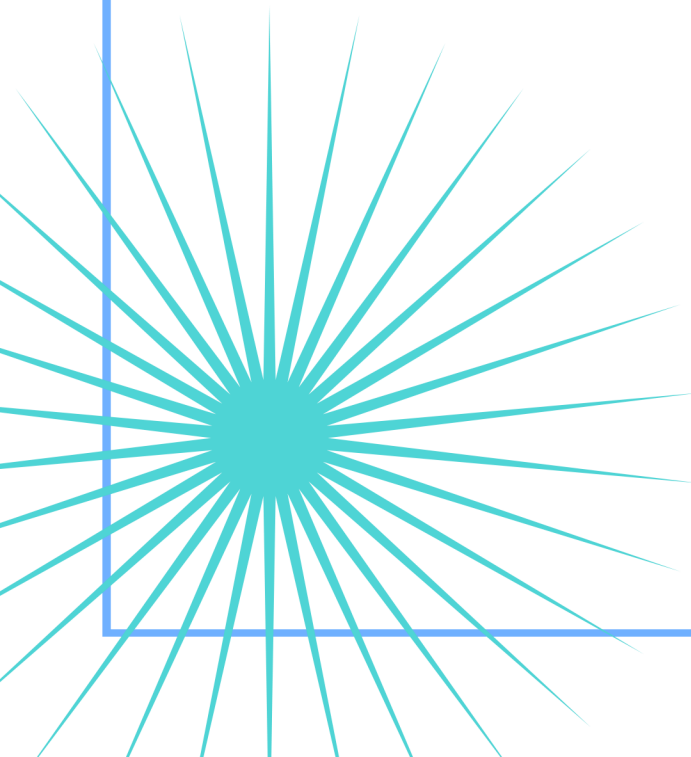
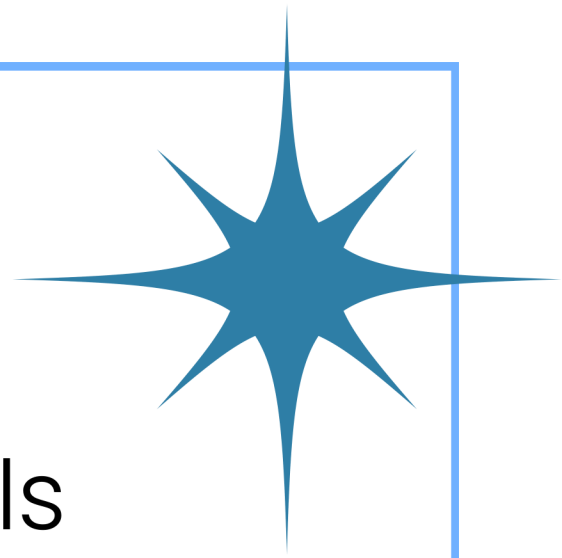
Date:

<p>3 amazing things that happened today:</p>	
<p>3 people I'm grateful for:</p>	
<p>3 things I look forward tomorrow:</p>	

What could make today even better?

Inspiration Board

Visuals or words to remind me of the benefits of my self-care goals



Make it fun!

SELF-CARE BINGO

 TOOK A SHOWER	GOT DRESSED TODAY	 talked TO A friend	SAT WITH MY FEELINGS	 gave myself a compliment
MOVED MY BODY JOYFULLY	 ate food	LISTENED TO MY BODY	 CHALLENGED NEGATIVE THOUGHTS	 HAD FUN
 WENT OUTSIDE	TRIED SOMETHING NEW	STAYED ALIVE	practiced being mindful	 DID A HOBBY
used a coping skill	 LET MYSELF CRY	took a break	 ASKED FOR HELP	GOT SHIT DONE
 BRUSHED MY TEETH	practiced self compassion	 DRANK WATER	TREATED MYSELF	 got 7-9 hours of sleep

Make it fun!

Things I Can Control BINGO

Getting enough sleep	How often I smile	Owning up to my mistakes	Whether or not I accept myself	Setting my boundaries
When I practice gratitude	Treating myself with kindness	When I help others	Whether or not I keep my word	How I interpret events
How I "talk" to myself	When & if I forgive others		How truthful & honest I am	When I take mindful breaths
The goals I set for myself	Saying I need a break (& taking one)	Treating others with kindness	How much effort I put forth	When and if I try again
When I ask for help	How I respond to challenges	Reminding myself I am enough & worthy	How I take care of my body	How I relate to my feelings

I cannot control

Others not running on time

Who my parents are

Mistakes from the past

I can control

The way I respond to situations

Traffic

How to spend my time

Making responsible choices

Being around positive people

Being ill

What I spend my money on

Reaching out for advice when I need it

Screen time

Outcomes

Food and exercise

Self-care practices

The words I use with my children

If people like me

How much effort I put in

How others react to me

Other people's behaviour and decisions

How other people respond to situations

I cannot control

I can control

Best Care EAP Can Help!



402-354-8000

1-800-801-4182



www.BestCareEAP.org

- Member ID: bcCODEe
- Password: CODE

