Self-Care Assessment Test

Evaluate Your Level Of Self-Care Practices

Assessment Questions

PART 1

1.	Can you make and take time for you without feeling pangs of guilt?
	Yes
	No
2.	Are your leisure activities a priority in your life?
	Yes
	No
3.	Do you know what your needs are?
	Yes
	No
4.	Do you take care of your needs and desires?
	Yes
	No
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5.	Do you regularly make some time for "me time"?
	Yes
	No
6	Do you feel okay about sometimes slowing down?
Ο.	Yes
	No

7.	Do you understand the difference between self-indulgence and self-care?
	Yes
	No
8.	Do you feel as though you deserve self-care?
	Yes
	No
PAR'	<u>r 2</u>
1.	, , , ,
	Yes
	No
2.	Do you constantly worry about everyone else, and not about yourself?
	Yes
	No
3.	Do you do things that you really don't want to do, or that will over extend you?
	Yes
	No
4.	Are you running on empty?
	Yes
	No
5.	Are you stressed out a lot of the time?
	Yes
	No

Are you overwhelmed?
Yes
No
Do you suffer from headaches?
Yes
No
Do you suffer from insomnia?
Yes
No
Are you chronically tired and have a lack of energy?
Yes
No
Do you crave and eat junk food often, and especially during times of stress?
Yes
No

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Score Your Results

care needs.

A) Part 1 Each NO answer = 1 point Each YES answer = 0 points Add up your score for Part 1 Total Score Part 1: B) Part 2 Each NO answer = 0 points Each YES answer = 1 point Add up your score for Part 2 Total Score Part 2: Add up both scores for Part 1 and Part 2 C) Total Score Part 1 + Part 2 = **RESULTS** If you scored 6 or more points, you can benefit from addressing your self-care practices and making a self-care plan.

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The higher your point value, the more imperative it is that you address your self-