Self-Care Questionnaire

Answer the following questions related to your self-care. Questions are categorized based on the 7 Spheres of Wellness: Physical, mental, emotional, spiritual, relational, financial, and professional.

Answer the following questions on a scale of 1 - 10, where 1 = never and 10 = always. NA = not applicable.

PHYSICAL SELF-CARE

1.I eat a healthy, balanced diet consistently.	1	2	3	4	5	6	7	8	9	10 NA
2.I engage in physical activity at least 3 times per week.	1	2	3	4	5	6	7	8	9	10. NA
3.I get at least 7 hours of quality sleep each night.	1	2	3	4	5	6	7	8	9	10. NA
4.1 limit caffeinated beverages to 3 cups or less per day.	1	2	3	4	5	6	7	8	9	10. NA
5.I limit alcohol consumption to a healthy level	1	2	3	4	5	6	7	8	9	10. NA

MENTAL SELF-CARE

1.I read, pray, and/or recite Scripture daily.	1	2	3	4	5	6	7	8	9	10 NA
2.I take restorative breaks throughout my work-day.	1	2	3	4	5	6	7	8	9	10. NA
3.I spend time in quiet places, away from noise, weekly.	1	2	3	4	5	6	7	8	9	10. NA
4.1 have the resources I need for mental health, e.g. counsellor, coach, etc.	1	2	3	4	5	6	7	8	9	10. NA
5.I shut off my devices or notifications after work daily.	1	2	3	4	5	6	7	8	9	10. NA
6.I limit my screen-time daily.	1	2	3	4	5	6	7	8	9	10 NA

EMOTIONAL SELF-CARE

1.I am becoming more self-aware of my strengths and weaknesses each year.	1	2	3	4	5	6	7	8	9	10 NA
2.I engage in recreational activities at least weekly.	1	2	3	4	5	6	7	8	9	10. NA
3.I refrain from social media for several hours every day.	1	2	3	4	5	6	7	8	9	10. NA
4.1 shut off my notifications for several hours every day.	1	2	3	4	5	6	7	8	9	10. NA
5.I engage in activities that fill me up emotionally weekly.	1	2	3	4	5	6	7	8	9	10. NA

Self-Care Questionnaire

SPIRITUAL SELF-CARE											
1.I spend intentional time with God every day.	1	2	3	4	5	6	7	8	9	10	NA
2.I engage Scripture daily.	1	2	3	4	5	6	7	8	9	10.	NA
3.1 listen to and am learning to listen to the Holy Spirit daily.	1	2	3	4	5	6	7	8	9	10.	NA
4.1 choose to obey God daily, even though I stumble.	1	2	3	4	5	6	7	8	9	10.	NA
5.I engage with a mentor monthly for support and spiritual care.	1	2	3	4	5	6	7	8	9	10.	NA
6.1 engage in safe, Godly relationships at least monthly to grow in my faith.	1	2	3	4	5	6	7	8	9	10	NA
7.I take a weekly Sabbath day that feels restorative.	1	2	3	4	5	6	7	8	9	10	NA
RELATIONAL SELF-CARE											
1.I have meaningful personal relationships.	1	2	3	4	5	6	7	8	9	10	NA
2.1 connect with close family or friends that I consider family daily.	1	2	3	4	5	6	7	8	9	10.	NA
3.I connect with close family or friends that I consider family weekly.	1	2	3	4	5	6	7	8	9	10.	NA
4.1 have fun with friends weekly.	1	2	3	4	5	6	7	8	9	10.	NA
5.I engage in mutual relationships with the people of my church weekly.	1	2	3	4	5	6	7	8	9	10.	NA
FINANCIAL SELF-CARE											
1.I have a plan for investing and saving for the future.	1	2	3	4	5	6	7	8	9	10	NA
2.I have someone who provides me with sound financial advice.	1	2	3	4	5	6	7	8	9	10.	NA
3. My income sustains me and those I support.	1	2	3	4	5	6	7	8	9	10.	NA
4.I have the health benefits necessary to support me and those I support.	1	2	3	4	5	6	7	8	9	10.	NA
5.I have support to ensure financial requirements (e.g., taxes) do not cause me stress.	1	2	3	4	5	6	7	8	9	10.	NA
6.1 have financial resources to help me, such as an accountant, financial advisor, bank.	1	2	3	4	5	6	7	8	9	10	NA
PROFESSIONAL SELF-CARE											
1.I engage people who can help me solve problems monthly.	1	2	3	4	5	6	7	8	9	10	NA
2.I feel supported in my workplace/s.	1	2	3	4	5	6	7	8	9	10.	NA
3.I receive meaningful support from my overseeing organization monthly.	1	2	3	4	5	6	7	8	9	10.	NA
4.I take at least one day off a month for restoration.	1	2	3	4	5	6	7	8	9	10.	NA
5.I take a restorative vacation at least once a year.	1	2	3	4	5	6	7	8	9	10.	NA
6.I feel the pace of my work is sustainable long-term.	1	2	3	4	5	6	7	8	9	10	NA

WHAT YOUR RESULTS REVEAL

This questionnaire takes into consideration an effective, holistic self-care model.

- Congratulations on the areas in which you scored high on the scale.
- Notice the areas in which you scored moderately.
- Focus on the areas in which you scored low on the scale. Use the following pages to create self-care goals in these areas.

YOUR ANSWERS

- 7-10 Responses in this range show an excellent level of self-care and should be affirmed.
- 4-6 Responses in this range show a low to moderate level of self-care. Consider simple strategies to move up the scale.
- Responses in this range show a deficient and concerning level of self-care. Find someone you can talk to about creating a plan to gain realistic self-care in these areas. Use the following pages to create self-care goals. Choose one area at a time to make your goals manageable, enjoyable, and reachable.

SELF-CARE GOALS

Use these pages to note your challenges and create self-care goals.

- Choose one area at a time to make your goals manageable, enjoyable, and reachable.
- Talk with someone who can support you in your goals and keep you accountable.
- Celebrate every win!

Physical Self-care	
Mental Self-care	
Emotional Self-care	

Spiritual Self-care
Relational Self-care
Financial Self-care
Professional Self-care

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You will benefit from my healthcare and wellness background. I worked as a Registered Massage Therapist in my Kitchener, Ontario clinic and the Wellness Centre of St. Mary's Hospital multidisciplinary team, helping bring victims of traumatic motor vehicle accidents back to wellness.

25 years of combined leadership, business, healthcare, and coaching experience provides you with a broad scope of knowledge and expertise for burnout prevention and wellness. As a certified coach, I can guide you and your team to greater wellbeing through:

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Truly,

Bonita Eby

Thank you for learning with Breakthrough Personal & Professional Development Inc. If you have any questions or would like to work further with Breakthrough Personal & Professional Development Inc, please email us at bonita@break-through.ca.

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