

THE ART of SELF CARE

Physical Self-Care encourages activities that help to revitalize and protect the body. Physical self-care recognizes the need for good quality sleep and regular physical exercise. Physical wellness also includes access to appropriate medical care when needed, learning about nutrition and prioritizing physical nurturing. In the boxes below, the journaling prompts will help you to self-assess your strengths and challenges within the physical dimension of self-care. Moving forward, these insights can be used to build upon your strengths and make desired changes where you notice room for improvement. You may also decide if you wish to seek any help along your self-care journey.

MY STRENGTHS AND ABILITIES

In this first column, write down what your physical self-care strengths are (e.g. what you do well, what you are grateful for, what you like about your current physical self-care practices and/or what resources you have available to you). Use this side of the worksheet to document the ways in which you keep your body healthy and feeling cared for.

MY HOPES AND CHALLENGES

In this second column, write down your hopes and dreams (e.g. what you wish to change about your physical self-care, what you want your lifestyle to look like). Note any unmet needs, challenges and/or barriers as you go.

SLEEP

(e.g. consistent sleep, bedtime routine, morning routine, restful and restorative sleep, etc.)

My strengths, preferences and resources:

SLEEP

What would I like to improve about my sleep habits? Circle all of your answers that are within your control right now.

Concerns/barriers/needs and how I can overcome them (even if I have to ask for help):

MOVEMENT

(e.g. daily movement such as stretching, yoga, hiking, workout classes, etc.)

My strengths, preferences and resources:

MOVEMENT

What would I like to improve about my exercise habits? Circle all of your answers that are within your control right now.

Concerns/barriers/needs and how I can overcome them (even if I have to ask for help):

I commit to loving myself and taking care of my needs, so that I can show up in the way that I want to every day.

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NUTRITION

(e.g. staying hydrated, consuming what feels best to you and your body, learning how your body communicates hunger and satiety, flexible/gentle nutrition, etc.)

My strengths, preferences and resources:

NUTRITION

What would I like to improve relating to my nutrition? *Circle all of your answers that are within your control right now.*

Concerns/barriers/needs and how I can overcome them (even if I have to ask for help):

MEDICAL CARE

(e.g. routine follow up as recommended with primary healthcare physician, taking medications as prescribed, access to affordable healthcare services/insurance, etc.)

My strengths, preferences and resources:

*My Primary Healthcare Physician:
Dentist:
Other/Specialists (e.g. eye doctor, chiropractor, OBGYN, etc.):*

MEDICAL CARE

What would I like to improve relating to my healthcare? *Circle all of your answers that are within your control right now.*

Concerns/barriers/needs and how I can overcome them (even if I have to ask for help):

NURTURE

(e.g. face masks, bubble baths, massages, float therapy, craniosacral therapy, etc.)

My strengths, preferences and resources:

NURTURE

What would I like to improve relating to my physical self-nurturing? *Circle all of your answers that are within your control right now.*

Concerns/barriers/needs and how I can overcome them (even if I have to ask for help):

MY PHYSICAL SELF-CARE ACTION PLAN

You have now created your list of physical self-care strengths and activities that recharge and support you, identified challenges that could be potential stumbling blocks, and circled a list of all the things that are within your control right now. Your next step is to choose ***only 1*** physical self-care activity that you can include as part of your morning or evening routine. In the space below, write down the activity and when you will do it.

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