

# Self-Care Quiz

**DIRECTIONS:** For each topic listed on the left of the chart, choose a category that fits for you and write the number of points in the box on the right. Total up your points and check your score.

	3 Points	2 Points	1 Point	0 Points	Total #
<b>Sleeping</b>	I get an adequate amount of sleep almost every night.	I usually get enough rest.	My sleeping habits are erratic.	There are few nights when I feel I get adequate rest	
<b>Eating</b>	I eat 3 well-balanced meals. I watch fats, salt, sugar, and caffeine.	I try to eat well, but I don't always watch salt, sugar, fats, or caffeine.	I often skip breakfast, eat lots of junk food, & drink caffeinated beverages.	I don't watch what I eat.	
<b>Smoking</b>	I don't smoke and I never have.	I used to smoke but I quit awhile ago.	I smoke ½ to 1 pack per day.	I smoke 1 or more packs per day.	
<b>Fitness</b>	I follow a regular fitness program.	I exercise some of the time.	Fitness is not a priority.	I never exercise.	
<b>Friends</b>	I have a strong support system.	I have people I can call.	I don't feel close to many people and I rarely tell my troubles to anyone.	I never share my feelings with anyone.	
<b>Time Management</b>	I set priorities. I am not restricted with time problems.	I take things one at a time, but I'm aware of the clock.	I am always aware of time restrictions.	I try to do too many things. I often worry about what to do next.	
<b>Stress Management</b>	I incorporate rest and a "change of pace" to relieve stress.	I sometimes find time to take a breather when I'm under stress.	I don't cope very well with stress.	My life is totally out of balance.	
<b>Stress</b>	I'm usually relaxed and feel that I have life in control.	I tend to feel edgy.	I often feel tired and feel tension in my body.	I am tense, anxious, and depressed most of the time.	
<b>Drinking</b>	I am a non-user or drink less than three alcoholic beverages per week.	I drink 3-10 alcoholic beverages per week.	I drink 10-15 alcoholic beverages per week.	I often feel out of control with my drinking.	
<b>Mental and Emotional Outlook</b>	For the most part, I feel positive about life.	I tend to look at things negatively.	I have some episodes of depression and exhaustion.	I am depressed and/or out of control.	
<b>Relaxation/Exercise</b>	I include relaxation exercise in my daily routine.	I occasionally use a relaxation technique.	I very rarely practice relaxation.	I do not use any special technique to help me relax.	
<b>Personal Fulfillment</b>	For the most part, I find my professional and personal life meaningful.	I find myself questioning what I could do to make my life more fulfilling.	It is unusual for me to feel a sense of fulfillment.	My life feels empty.	

**30-36 points: EXCELLENT;** Congratulations! Keep up the "good care".

**22-29 points: Pretty Good;** you're taking care of yourself however, it's time to remind yourself that your needs are important. Begin with one change.

**15-21 points: Be Careful;** you "passed" but have some areas to work on. Think about your needs and then begin by selecting one area to improve.

**Less than 15 points: TAKE ACTION;** you need to make immediate changes to help yourself.

**Total Points:** \_\_\_\_\_