









Physical Self-Care Assessment

Directions: Write a number on each line to show how often you are currently meeting each self-care need.

1	I rarely or never do this.
2	I sometimes do this.
3	I always do this.
4	This is something I want to do more frequently.
	I exercise for at least 30 minutes each day.
	I take care of myself while teaching (using good posture, not straining my eyes or voice, using relaxation techniques).
	I eat healthy meals with four or five servings of fruit and vegetables each day.
	I drink eight 8-ounce glasses of water each day.
	I participate in activities I enjoy at least once a week (sports, making crafts, or other hobbies).
	I spend at least 30 minutes relaxing each day (meditating, taking a bubble bath, etc.).
	I get regular health checks, including doctor visits and dentist appointments.
	I get at least seven hours of sleep each night.
	I take time to reflect on my day and to show gratitude.