

Basic Self-Care Needs Assessment <sup>1</sup>			
Basic Self-Care Needs	Yes	No	Goal
Do I usually get enough sleep?			
Do I usually eat something fresh and unprocessed every day?			
Do I allow time in my week to touch nature, no matter how briefly?			
Do I get enough sunlight, especially in wintertime?			
Do I see my medical practitioner at least once a year?			
Do I see a dentist every six months?			
Do I get regular sexual thrills?			
Do I get enough <i>fun</i> exercise?			
Am I hugged and touched amply?			
Do I make time for friendship? Do I nurture my friendships?			
Do I have friends I can call when I am down, friends who really listen?			
Can I honestly ask for help when I need it?			
Do I regularly release negative emotions in a healthy manner?			
Do I forgive myself when I make a mistake?			
Do I do things that give me a sense of fulfillment, joy and purpose?			
Is there abundant beauty in my life?			
Do I allow myself to see beauty and to bring beauty into home and office?			
Do I make time for solitude?			
Am I getting daily or weekly spiritual nourishment?			
Can I remember the last time I laughed until I cried?			
Do I accept myself for who I am?			

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<sup>1</sup> Adapted from The Woman's Comfort Book (Louden, 1992)