Self Care Worksheet

Name: _____ Date: _____ dd / mm / yyyy

Age: _____ Gender: _____

PHYSICAL

Things I want to improve:

Plan for improvement:

MENTAL/EMOTIONAL

Things I want to improve:

Plan for improvement:

SOCIAL

Things I want to improve:

Plan for improvement:

SPIRITUAL

Things I want to improve:

Plan for improvement:

PROFESSIONAL

Things I want to improve:

Plan for improvement:

ADDITIONAL NOTES

Specify below: