

# SELF - CARE *Assessment* Checklist

*There are no right or wrong answers; simply respond as you see fit and see what you discover about yourself. Score 2 points for each 'Yes', 1 point for each 'S / Sometimes' and 0 point for 'No'.*

	Yes	S	No
1. <i>I am up-to-date with my health check-ups</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>I am happy with my physical fitness</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <i>I eat well nutritionally most of the time</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <i>I have plenty of sleep and feel well-rested</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <i>I take regular breaks from my work</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <i>I say "No" to others when I need to</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <i>I have forgiven my past mistakes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <i>I know what I am passionate about</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Your total score* \_\_\_\_\_

*How can you improve your score?*

# *A Balanced Day*

## SELF-CARE Checklist

*Wake up  
early*

*Journaling  
&/or  
Meditation*

*Mindful  
Eating*

*Add to your day  
whenever you can*

*Hobbies  
Joy, Fun  
Creating,  
Contributing  
Learning  
Practicing*

*Stretching  
& Exercise*

*Emotional or  
Spiritual  
Connection*

*Planning  
& Goals*

*Daily Goals &*  
**S E L F - C A R E**  
**C h e c k l i s t**

*My Priorities*

*Self-Care Checklist*



*Affirmations*



*Weekly*

# SELF - CARE Checklist

PHYSICAL		M	T	W	T	F	S	S
1								
2								
3								
4								
5								
MENTAL		M	T	W	T	F	S	S
1								
2								
3								
4								
5								
EMOTIONAL		M	T	W	T	F	S	S
1								
2								
3								
4								
5								
SPIRITUAL		M	T	W	T	F	S	S
1								
2								
3								
4								
5								

DAILY

DAILY

DAILY

# SELF - CARE *Habits* Checklist

*Keeping track of your habits can help you stay on track and achieve your goals. Fill out your top 12 goals and mark them off each day you successfully complete them.*

WEEK OF: \_\_\_\_\_

HABIT / SELF-CARE STEP	(S)	(M)	(T)	(W)	(T)	(F)	(S)
_____							
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFLECTION NOTES

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# Avoid or Recover from Stress, Anxiety & Burnout CHECKLIST

## *Physical*

- Ten thousand daily steps
- Yoga & Exercise
- Eat healthy & nourishing food
- Get some fresh air
- Sleep 7-9 hours

## *Mental*

- Engage in a hobby
- Talk to a loved one
- Journalling
- Read a book
- Learn Something New

## *Spirituality*

- Meditate for 15 minutes
- Practice gratitude
- Recite your affirmations
- Help/Donate/Volunteer
- Spend time with nature

## *Professional*

- Wake up early
- Set realistic targets
- Say yes to an opportunity
- Leave comfort zone
- Take productive breaks

# S E L F - C A R E

## *Emergency*

# C h e c k l i s t

Fill in the checklist spaces below with everyday tasks you can complete if you're feeling overwhelmed.

*Examples: Exercise, get outside, call a friend, take a bath, play with a pet or child, create something, journal or brain dump, ask for help, etc.*

# Mental Health

## SELF-CARE Checklist


Below are some of THE most important regular habits to support your mental health.

How many of these can you check off each week? DID YOU...  
Then make a notes of activities, how many times, challenges, etc.

01	Notes: 7-9 Hours sleep & waking up at or before 6:00 AM <b>daily</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
02	Notes: Stretching & reaching a step/activity goal <b>daily</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
03	Notes: Focused on eating healthy & nourishing meals - <b>80% +</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
04	Notes: Spent time with nature and/or with with loved ones	YES <input type="checkbox"/>	NO <input type="checkbox"/>
05	Notes: Planned or engaged with hobbies or passions or charity	YES <input type="checkbox"/>	NO <input type="checkbox"/>
06	Notes: Set daily &/or weekly goals and/or made steps to achieve them	YES <input type="checkbox"/>	NO <input type="checkbox"/>
07	Notes: Meditate or journal ( completing this page with adding notes counts!)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
08	Notes: Learned or practiced something that supports my health or goals	YES <input type="checkbox"/>	NO <input type="checkbox"/>

# 48

## ways to practice self love



1. Practice Mindfulness
2. Maintain a Gratitude Journal
3. Set Boundaries
4. Regular Exercise
5. Healthy Eating
6. Adequate Sleep
7. Self-Affirmation
8. Personal Hygiene
9. Time in Nature
10. Pursue Hobbies
11. Practice Forgiveness
12. Seek Professional Help
13. Limit Social Media
14. Read Inspirational Books
15. Engage in Artistic Activities
16. Learn Something New
17. Listen to Music
18. Take a Bath
19. Travel
20. Celebrate Small Wins
21. Connect with Loved Ones
22. Help Others
23. De-clutter Your Space
24. Practice Positive Self-Talk
25. Reflect on Your Day
26. Unplug
27. Set Goals
28. Take Breaks
29. Laugh
30. Write a Letter to Yourself
31. Try Yoga or Pilates
32. Stay Hydrated
33. Indulge in Self-Care
34. Mindful Eating
35. Keep a Journal
36. Plan for the Future
37. Embrace Your Imperfections
38. Practice Patience
39. Spend Time Alone
40. Challenge Negative Thoughts
41. Cultivate Self-Compassion
42. Prioritize Your Health
43. Learn to Accept Compliments
44. Visualize Success
45. Listen to Your Body
46. Love Your Body
47. Let Go of the Past
48. Avoid Toxic Relationships







# MY WEEK

DATE: \_\_\_\_\_

MON

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TUE

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WED

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THU

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FRI

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SAT

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PRIORITY


\_\_\_\_\_


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\_\_\_\_\_


CHECKLIST


 \_\_\_\_\_

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 \_\_\_\_\_

 \_\_\_\_\_

## HABITS

	S	M	T	W	T	F	S
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If you enjoyed this guide then you will LOVE...*

## THE PATH TO HOLISTIC TRANSFORMATION



## A SELF-GUIDED HOLISTIC LIFE COACHING JOURNEY

**START WHERE YOU ARE - TRANSFORM AT YOUR OWN PACE**

A flexible, self-paced holistic coaching journey that lets you begin anywhere and grow in the way that feels right for you.

CLICK HERE  TO CHECK IT OUT!

[EMBRACEYOURJOURNEY.CA](http://EMBRACEYOURJOURNEY.CA)

# MEET YOUR COACH



## Hey, I'm Kristin founder of Embrace Your Journey Holistic Health Coaching

As a Holistic Health & Life Coach, I'm dedicated to helping those who feel unhealthy, unhappy or unbalanced rediscover their health, restore their energy, and reclaim their lives.

My approach blends natural health, nutritional support, mindful living, and energy-balancing practices to gently guide you towards a holistic health & life transformation.

I have certifications and/or training in Holistic Health, Naturopathy, Life Coaching, Health Coaching, Nutrition Coaching, Yoga Instructor Training 300+, Ayurveda, Reiki II Practitioner, RLT and more.

My mission is to make health coaching, health resources, and compassionate guidance affordable and accessible to everyone who needs it.