

## Self care and lifestyle balance inventory

Source: *Livingston Institute*

Please note that this scale is not a clinical diagnostic instrument and is provided for educational purposes. It merely examines some of the more effective physical, psychological and spiritual methods of staying balanced and preventing burnout. If you have any concerns about your state of emotional health, you should consult with a mental health professional.

**Instructions:** In the last month, how often has the following been true for you? For each question, write the number that best fits your experience on the line before the question.

1. I have at least one full day off work each week.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Always
2. I take some time for myself to be quiet, think, meditate, write and/or pray.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Daily
3. I work for less than ten hours a day.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Daily
4. I do aerobic exercise (walking, running, swimming etc) for at least 25 minutes at a time.  
(0) Never / (1) Seldom / (2) Once a week / (3) Twice a week / (4) 3 or more times/week
5. I do something I find fun (e.g., play a game, go to a movie, read a book etc).  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Daily
6. I practice muscle relaxation, pilates, yoga, stretching, meditation or slow-breathing techniques.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Daily
7. I share how I am feeling with at least one friend or my partner.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Daily
8. I sleep well and get at least seven hours of sleep a night.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Daily
9. I am careful about what I eat and eat a balanced diet.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Daily
10. I drink at least 1.5 liters of water (approx. 3 pints) a day.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Always
11. I laugh without malice or cynicism.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) At least once a day
12. When I leave work at the end of the day I can disengage and leave the pressures of work behind.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Always
13. I listen to my body's signals and recognize when I am becoming tired, run-down and vulnerable to illness.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Always
14. There are people who care about me that I trust, to whom I can talk if I want.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Always
15. I do something I find creative or expressive (e.g., writing, cooking, gardening etc).  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Daily
16. I feel I have the training and skills I need to do my job well.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Always
17. I set and maintain healthy boundaries for myself by standing up for myself, saying "no" when I need to, and not letting others take advantage of me.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Always
18. At work I take a brief break at least every two hours, and switch tasks regularly so that I don't become too drained.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Always
19. I spend time with groups of people I trust and to whom I feel close who are part of a community of meaning and purpose (e.g., a church group, a group of volunteers, work colleagues).  
(0) Never / (1) Seldom / (2) Sometimes / (3) About once a week / (4) More than once a week
20. My ability to communicate with other is...  
(0) Very poor / (1) Poor / (2) Fair / (3) Good / (4) Excellent
21. I feel good about how I spend my time and energy in relation to what is really important to me in life  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Always
22. I believe in myself and generally give myself positive messages about my ability to accomplish my goals – even when I encounter difficulties  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Always
23. I set realistic goals for my life (both short term and long term) and work towards them consistently.  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Always
24. I take good vacations (at least one two-week vacation every year).  
(0) Never / (1) Seldom / (2) Sometimes / (3) Often / (4) Every year
25. I drink alcohol, smoke, or use other recreational drugs  
(0) Three or more times every day / (1) At least once every day / (2) Three to six times a week / (3) Less than three times a week / (4) Never

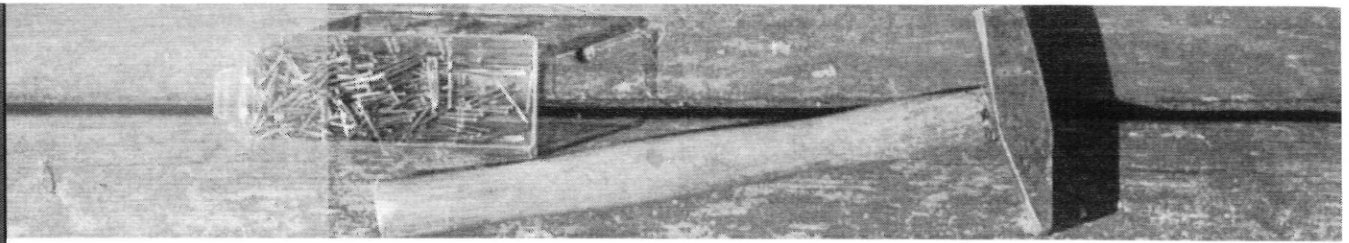
TOTAL SCORE: \_\_\_\_\_

## Self care and lifestyle balance inventory

*Source: Headington Institute*

### Interpretation guidelines

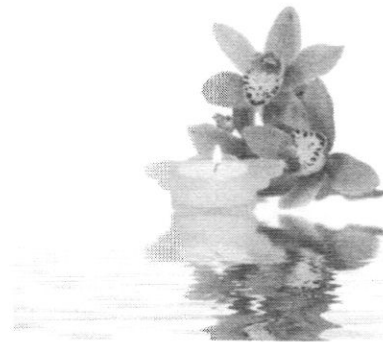
- 0-25:** A score in this range suggests that your self care skills and lifestyle balance strategies may be poor, and that you could possibly benefit from developing a plan to change your lifestyle and improve your self-care.
- 26-50:** A score in this range suggests that your self care skills and lifestyle balance strategies may be poor to average, and that you could possibly benefit from developing a plan to improve your self-care.
- 51-75:** A score in this range suggests that you may have moderately good self-care skills and lifestyle balance strategies in place.
- 76-100:** A score in this range suggests that you may have good self-care skills and lifestyle balance strategies in place.



## Tool: Self Care Maintenance Plan

A 'Self Care Maintenance Plan' refers to the activities that you have identified as important to your well-being and that you have committed to engage in on a regular basis to take care of yourself. There is no "one-size-fits-all" self-care plan, but there are some general principles that will help you manage your self-care:

1. Take care of your physical health
2. Manage your stress and reduce it where possible
3. Honour your emotional and spiritual needs
4. Nurture your relationships
5. Find balance in your personal and work life



There are some straightforward steps to guide us in this process.

1. **How do you cope now?** Identify what you do now to manage stress in your life and assess if they are working for you.
2. **What would you like to do?** Complete the *Self-Care Assessment Tool*. What ideas did you get from the tool...what would you like to add to your routine?
3. **Outlining your plan.** Use the *Self-Care Maintenance Plan Worksheet* to complete what you currently do, and a preferred alternative across each domain.
4. **Obstacles to implementation.** Once you have identified these practices, it is useful to identify possible barriers or obstacles that could get in the way of implementing and/or maintaining them.
5. **Make a commitment to yourself.** Preparing a plan is important; it identifies your goals and the strategies to achieve them. However your success in implementing your plan is ultimately based on the level of genuine commitment you make to your own self-care.
6. **Share your intentions.** Once you have developed your plan and made your commitment, share it with others.
7. **Follow your plan.** Once you have completed the assessment and worksheet you will have identified the core elements of your personal Self-Care Maintenance Plan. The final step is to implement your plan and keep track of how you are doing.

# My Self-Care Maintenance Plan Worksheet

Consider what you do now for self-care and list those activities within each dimension of self-care on this worksheet (or you can add new dimensions at the end that represent other aspects of your life). Identify new strategies that you will begin to incorporate as part of your ongoing self-care maintenance plan — pay particular attention to domains that you have not been addressing in the past.

On the last page identify barriers that might interfere with ongoing self-care, how you will address them, and any negative coping strategies you would like to target for change.

<b>MIND</b>	<b>BODY</b>
<b>Current practice:</b>	<b>Current practice:</b>
<b>New practice:</b>	<b>New practice:</b>
<b>EMOTIONS</b>	<b>SPIRIT</b>
<b>Current practice:</b>	<b>Current practice:</b>
<b>New practice:</b>	<b>New practice:</b>

# My Self-Care Maintenance Plan Worksheet

(cont.)

WORK		RELATIONSHIPS	
Current practice:		Current practice:	
New practice:		New practice:	
OTHER:		OTHER:	
Current practice:		Current practice:	
New practice:		New practice:	

# My Self-Care Maintenance Plan Worksheet

(cont.)

<b>Barriers to maintaining my self-care strategies:</b>	<b>How I will address these barriers and remind myself to practice self-care:</b>
<b>Negative coping strategies I would like to use less or not at all:</b>	<b>What I will do instead:</b>