

# SELF CARE ACTION PLAN

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## SELF-CARE ASSESSMENT

A self-care plan is integral to an individual's well-being and career longevity.  
**Create space and take a moment to reflect upon your current practices.**

YES	NO	*Select the answer that is most accurate.
		I have a self-care action plan that addresses my current wellness goals.
		I practice body self-awareness to note areas that may require attention.
		I maintain a balanced nutritional diet.
		I drink at least 8 (8 oz.) glasses of water each day.
		I maintain a healthy body weight.
		I sleep 7-9 hours per night.
		I limit my caffeine consumption.
		If I consume alcohol, it's in moderation.
		I avoid using tobacco products.
		I practice relaxation techniques or meditation.
		I exercise regularly.
		I incorporate strength building into my regular fitness routine.
		I hold realistic expectations for myself.
		I assess and coordinate good workplace ergonomics.
		I recognize stress and know how to manage my stress and prevent burnout.
		I recognize early signs of injury and have a plan for addressing early signs.

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## SELF-CARE ASSESSMENT

A self-care plan is integral to well-being and career longevity. **Take a moment to reflect upon your current practices.** If you responded with a majority of “yes” answers, you’re on your way to a complete self-care plan. Keep it up!

If you don’t presently have a self-care plan that addresses your current wellness goals, why not?

Reflect upon your “no” answers. Which do you consider your highest priority to supporting your wellness?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What first step can you take today towards incorporating these priorities into your routine?

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Self-care is  
all about the  
lifestyle choices  
that support  
optimum health.

Committing to daily practices  
ensures your self-care  
priorities play a central role  
supporting your wellbeing and  
protecting you from injury.

**Use the spaces provided  
to create your personal  
self-care action plan.**

How will I plan out the day that allows me the most mental rest and creativity?

How will I incorporate scheduled breaks in my day for optimal mental clarity and rest?

Describe your wellness vision. Projecting into the future and seeing yourself in optimal health, what does that look and feel like?

Identify the practices that prevent you from achieving your wellness goal. How might you remove them?

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## SELF CARE PRIORITIES

Consider the strengths and weaknesses revealed in the self-care profile. **Jot your top three priorities here. Reorder them as your wellness vision changes.**

1.

2.

3.

What new practices are necessary to support your first priority?

What new practices are necessary to support your second priority?

What new practices are necessary to support your third priority?

Identify the practices that prevent you from achieving your wellness goal. How might you remove them?

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## MY WEEKLY COMMITMENTS

My focus this week:

Habit hurdles to watch for:

## SELF CARE SCHEDULE

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

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