

Ministry Leader Self-Care Assessment Worksheet

This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, you can move on to developing a personal self-care plan.

Using the scale below, rate the following areas in terms of frequency:

- 4 = Frequently
- 3 = Occasionally
- 2 = Rarely
- 1 = Never

Spiritual Self-Care

- ___ Visit the Sacraments (especially the Mass and Reconciliation)
- ___ Make time for reflection, meditation and prayer
- ___ Spend time with God's creation (nature, children, beauty)
- ___ Find a friend, spiritual director, or community who keeps you accountable
- ___ Make a retreat for yourself (that you are not leading)
- ___ Cherish your optimism and hope
- ___ Seek God's mercy and forgiveness, and allow yourself to forgive
- ___ Be aware of God's presence in all experiences and aspects of life
- ___ Try at times not to be in charge or the expert, be vulnerable
- ___ Trust God and be open to not knowing
- ___ Identify what is meaningful to you and notice its place in your life
- ___ Sing and/or listen to music
- ___ Journal or make notes of those places/times you found faith, hope, love, joy, peace
- ___ Be open to inspiration and experiences of awe
- ___ Make time for acts of service and corporal/spiritual works of mercy
- ___ Pray for the poor, vulnerable, oppressed, and those who need our prayers the most
- ___ Pray for your loved ones and those with whom you disagree and struggle
- ___ Ask for others to pray for you and your needs
- ___ Contribute time and treasure to causes in which you believe
- ___ Read inspirational literature (talks, music, etc.)
- ___ Other:

Physical Self-Care

- ___ Eat regularly (e.g. breakfast, lunch and dinner)
- ___ Eat healthy
- ___ Exercise
- ___ Get regular medical care for prevention
- ___ Get medical care when needed
- ___ Take time off when needed
- ___ Engage in activities that help your body relax (e.g. massages, stretches, yoga)
- ___ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- ___ Get enough sleep
- ___ Wear clothes you like
- ___ Take vacations
- ___ Take day trips or mini-vacations
- ___ Make time away from phones/screens
- ___ Other:

Psychological Self-Care

- ___ Make time for self-reflection
- ___ Have your own personal psychotherapy
- ___ Write in a journal
- ___ Read literature that is unrelated to work
- ___ Do something at which you are not expert or in charge
- ___ Decrease stress in your life
- ___ Let others know different aspects of you
- ___ Notice your inner experience—thoughts, judgments, beliefs, attitudes, feelings
- ___ Engage your intelligence in a new area—museum, theater, sports event, etc.
- ___ Practice receiving from others
- ___ Be curious
- ___ Say “no” to extra responsibilities sometimes
- ___ Other:

Socio-Emotional Self-Care

- ___ Spend time with others whose company you enjoy
- ___ Stay in contact with important people in your life
- ___ Connect and interact with at least 3 close and trusting friends
- ___ Have a sense of belonging to a group or within an organization
- ___ Engage in activities you find fun and bring you happiness, joy, and excitement
- ___ Give yourself affirmations, praise yourself
- ___ Love yourself
- ___ Re-read favorite books, re-view favorite movies
- ___ Identify comforting activities, objects, relationships, places and seek them out
- ___ Allow yourself to cry
- ___ Find things that make you laugh
- ___ Express your outrage in social action, letters and donations, marches, protests
- ___ Play with children
- ___ Other:

Workplace or Professional Self-Care

- ___ Take a break during the workday (e.g. lunch)
- ___ Take time to chat with co-workers
- ___ Take time to pray with co-workers
- ___ Make quiet time to complete tasks
- ___ Identify projects or tasks that are exciting and rewarding
- ___ Set limits with those whom you minister to and with
- ___ Balance your workload so that no one day or part of a day is “too much”
- ___ Arrange your work space so it is comfortable and comforting
- ___ Get regular supervision or consultation
- ___ Negotiate for your needs (benefits/pay, prayer, spiritual direction, retreats)
- ___ Have a peer support group
- ___ Other:

Develop a Self-Care Plan

1. Begin by identifying no more than one habit/goal for each of 5 areas of self-care listed, you do not have to have one goal for each. *Note: You know what works best for you! Do not feel obligated to select or not select something from the assessment solely based on your number ratings. The assessment is to help you reflect, not a step-by-step list of rules that work for everyone.*
2. Give a short description of the habit/goal, including its frequency (daily, weekly, monthly, etc.), duration (2 minutes, 30 minutes, 8 hours), and location (at work, in bed, wherever I am at that moment).
3. Identify whether this is something you are currently doing and want to maintain, or a new practice you want to begin. Be mindful to limit yourself when trying to begin new practices.
4. What are some of the obstacles keeping you from practicing these habits and what might be a solution to these obstacles?
5. Write out a commitment to a reasonable goal(s) and share it with someone who can keep you accountable.

Spiritual Self-Care

Habit/Goal: _____

Frequency: Daily Weekly Monthly Other: _____

Duration: _____ Location: _____

Is this a: Current Habit to Maintain or New Practice to Begin

Obstacles keeping you from practicing this habit: _____

Possible solution(s) to these obstacles: _____

Physical Self-Care

Habit/Goal: _____

Frequency: Daily Weekly Monthly Other: _____

Duration: _____ Location: _____

Is this a: Current Habit to Maintain or New Practice to Begin

Obstacles keeping you from practicing this habit: _____

Possible solution(s) to these obstacles: _____

Psychological Self-Care

Habit/Goal: _____

Frequency: Daily Weekly Monthly Other: _____

Duration: _____ Location: _____

Is this a: Current Habit to Maintain or New Practice to Begin

Obstacles keeping you from practicing this habit: _____

Possible solution(s) to these obstacles: _____

Socio-Emotional Self-Care

Habit/Goal: _____

Frequency: ___ Daily ___ Weekly ___ Monthly ___ Other: _____

Duration: _____ Location: _____

Is this a: ___ Current Habit to Maintain or ___ New Practice to Begin

Obstacles keeping you from practicing this habit: _____

Possible solution(s) to these obstacles: _____

Workplace or Professional Self-Care

Habit/Goal: _____

Frequency: ___ Daily ___ Weekly ___ Monthly ___ Other: _____

Duration: _____ Location: _____

Is this a: ___ Current Habit to Maintain or ___ New Practice to Begin

Obstacles keeping you from practicing this habit: _____

Possible solution(s) to these obstacles: _____

Today, I commit to...

I want to do this because...

I will accomplish this by...

**I will share this plan with _____ (*personal*) and
_____ (*professional*) who will help to keep me accountable for
my self-care.**