

# Holistic Health Self-Care Quiz

## for parents, caregivers, volunteers, and service professionals

**Who should take this quiz?** Originally developed for human service professionals, this quiz speaks to anyone who serves others — whether as a family member, volunteer, or service professional. In addition to parents, this readily includes health care professionals, veterinarians, human service professionals, clergy, and the volunteers and staff who direct and support our non-profit organizations. If you are a family member or volunteer, simply disregard any of the “professional environment” questions that don’t apply in your situation.

**Introduction:** As providers of caring service to other living beings, we have many opportunities and a few challenges. One of the challenges we face is to find the balance between giving to others and caring for ourselves. We sometimes find that the boundary between being “compassionately generous” and “oops - I gave too much” is difficult to negotiate.

**Instructions:** The purpose of this quiz is to alert the participant to potential areas where self-care may be overlooked. Mark one point per question, either under “doing well” or “need attention.” In the 3rd column, note “what stands in your way” for any area that needs your attention. Your answers might sound something like this: too busy; don’t have the money; they rely on me; I don’t have time to deal with it; I’m tired; I’m STRESSED OUT; etc.

**Scoring:** Total your points for each column and section. Transfer your numbers to the scoring area at the end. Add up the totals. Your total score will equal “doing well” minus “needs attention.” Take note of common themes in the “what stands in your way” column. These are the concerns / fallacies you’ll want to address directly as you bring your life into balance.

<b>Assessment Questions</b>	<b>Doing Well?</b> Mark 1 point here.	<b>Need attention?</b> Mark 1 point here.	<b>What stands in your way?</b>
<b>Your personal care</b>			
1. Are you up-to-date on all medical check-ups and tests necessary for your own well-being?	1. _____	1. _____	1. _____
2. Are you up-to-date on dental check-ups and professional cleaning?	2. _____	2. _____	2. _____
3. Do you take the medicine and supplements you need to maintain your health?	3. _____	3. _____	3. _____
4. Do you floss your teeth regularly?	4. _____	4. _____	4. _____
5. Do you get enough sleep?	5. _____	5. _____	5. _____
6. How well do you manage stress-provoking events and circumstances? Are you calm and in genuine good humor most of the time?	6. _____	6. _____	6. _____
7. Are you covered by health insurance (major medical or equivalent) for accident or illness?	7. _____	7. _____	7. _____
8. Do you invest regularly in your future (education, retirement planning, etc.)?	8. _____	8. _____	8. _____
9. Are you satisfied with your work choices? Do you have as much as you need of the work you want?	9. _____	9. _____	9. _____
10. Do you pay your bills on time?	10. _____	10. _____	10. _____
11. Have you resolved any outstanding misunderstanding, disagreement, or lingering resentment related to past life events?	11. _____	11. _____	11. _____

This quiz is part of a self-help strategy for making healthy choices. It is not scientifically validated. Please consult your doctor before making abrupt changes in diet and exercise or if you have a medical concern.

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<b>Assessment Questions</b>	<b>Doing Well?</b> Mark 1 point here.	<b>Need attention?</b> Mark 1 point here.	<b>What stands in your way?</b>
12. Do you reliably give your word as a guarantee of performance, both to others and yourself?	12. _____	12. _____	12. _____
13. Can you be counted on to keep your word? Are you as reliable about keeping your word to yourself as you are with others?	13. _____	13. _____	13. _____
14. Do you maintain a regular exercise program?	14. _____	14. _____	14. _____
15. Do you generally make healthy food choices?	15. _____	15. _____	15. _____
16. When was your last vacation?	16. _____	16. _____	16. _____
17. How receptive are you to changing old habits that don't get you the results you want in life?	17. _____	17. _____	17. _____
18. Do you regularly give to others or your community (tithing, volunteer work, etc.)?	18. _____	18. _____	18. _____
19. Do you refrain from abusing substances that harm your health?	19. _____	19. _____	19. _____
20. Do you have at least one human friend to share your dreams or call if you need help?	20. _____	20. _____	20. _____
<b>Personal Care Totals</b>	#	#	

### Your dependents' care

21. Are your dependents (including pets) up-to-date on medical check-ups and tests?	21. _____	21. _____	21. _____
22. Are your dependents up-to-date on dental check-ups and professional cleaning?	22. _____	22. _____	22. _____
23. Do your dependents take the medicine and supplements they need to maintain their health?	23. _____	23. _____	23. _____
24. Are your human dependents covered by health insurance (major medical or equivalent) in case of accident or illness?	24. _____	24. _____	24. _____
25. Do you have a family emergency plan that includes a well-stocked kit? Are family members updated regularly?	25. _____	25. _____	25. _____
<b>Dependents' Care Totals</b>	#	#	

### Your personal environment

26. When you look around your home, do you see a bunch of nagging little projects that need to be taken care of or stuff that needs to be fixed?	26. _____	26. _____	26. _____
27. How long has it been since you washed the car?	27. _____	27. _____	27. _____

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<b>Assessment Questions</b>	<b>Doing Well?</b> Mark 1 point here.	<b>Need attention?</b> Mark 1 point here.	<b>What stands in your way?</b>
28. Would clutter or deferred maintenance make your home impossible to ready for sale or a move within a month if that were to become necessary?	28. _____	28. _____	28. _____
29. Do you recycle (newspapers, cardboard, cans, glass, plastic, etc.) to the extent that collection or drop-off services are available in your community?	29. _____	29. _____	29. _____
30. Does your grass need to be cut? Garden weeded? Shrubs trimmed? Walkways cleared of ice or snow?	30. _____	30. _____	30. _____
31. Do you have unwashed dishes in the sink?	31. _____	31. _____	31. _____
32. Do you have operating smoke detectors on all floors and in rooms where people sleep?	32. _____	32. _____	32. _____
33. Do you have sufficient operating carbon monoxide detector(s)?	33. _____	33. _____	33. _____
34. How long has it been since you moved and cleaned under or behind the couch?	34. _____	34. _____	34. _____
<b>Personal Environment Totals</b>	# _____	# _____	

**Your professional environment**

35. Do you work in a setting that suits you?	35. _____	35. _____	35. _____
36. How well-kept is your office, desk, or work space?	36. _____	36. _____	36. _____
37. Do you begin and end your workday and appointments on time?	37. _____	37. _____	37. _____
38. If you are the business owner, is your business profitable? Does it compensate you fairly for your time?	38. _____	38. _____	38. _____
39. If you are the business owner, are your accounts receivable current?	39. _____	39. _____	39. _____
40. Does your schedule meet your needs as well as the needs of the client or business?	40. _____	40. _____	40. _____
41. Do you dress professionally and appropriately for your job and setting?	41. _____	41. _____	41. _____
42. Do you stay up-to-date on current practices and research in your field by reading journals, research reports, books, and the like?	42. _____	42. _____	42. _____
<b>Professional Environment Totals</b>	# _____	# _____	

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## Scoring

Add your totals from each page below:

	<u>Doing Well</u>	<u>Needs Attention</u>
Personal Care	_____	_____
Dependents' Care	_____	_____
Personal Environment	_____	_____
Professional Environment	_____	_____
TOTALS	_____	_____

Total score = "Doing Well" minus "Needs Attention."

There are 42 points possible. What's your score? \_\_\_\_\_

## What stands in your way?

Take note of common themes that come up in the column marked "What stands in your way?"

Theme #1 \_\_\_\_\_ # times \_\_\_\_\_

Theme #2 \_\_\_\_\_ # times \_\_\_\_\_

Theme #3 \_\_\_\_\_ # times \_\_\_\_\_

Theme #4 \_\_\_\_\_ # times \_\_\_\_\_

If you notice the same theme coming up more than once or twice, you now know where to put your attention in order to get your life back in balance.

**Interpretation:** This quiz is intended to promote self-awareness. There is no right or wrong score. In general, the higher your score in the points section, the more balanced your lifestyle.

Consider your experience here successful if you have accomplished these two things:

- You've gained awareness into one or more areas of your life that would benefit from more careful attention.
- You've gained awareness into one or more beliefs, activities, or behaviors that typically get in the way of the balanced lifestyle you desire.

## So Now What???

Perhaps at this point you're inspired to take a stand for your self-care. I sincerely hope so.  
Nobody else will ever do it quite as well as you can!

To learn about our "Editor's pick" support tool for fast and furious healthy results,  
visit <http://www.WordCures.com/ProductsServices/ActionPack.html>

The Self-Care Quiz can be found online at <http://www.WordCures.com/StressHealth/SelfCareQuiz.html>

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