Clinician Self-Care Audit

Objective: Helps clinicians assess their well-being habits & recognize areas for improvement. **Instructions**: Check all that apply. Reflect on patterns and areas needing improvement.

| Physic | cal Self-Care: |
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| | I engage in some form of physical movement each day (walking, stretching, etc.) |
| | I eat meals that provide me with sustained energy throughout the day. |
| | I get at least 6-8 hours of sleep most nights. |
| Emoti | onal Self-Care: |
| | I have someone I can talk to about work stress or personal challenges. |
| | I set boundaries with clients and avoid overextending myself. |
| | I engage in activities that bring me joy outside of work. |
| Profes | ssional Well-Being: |
| | I take breaks between client sessions when possible. |
| | I pursue continued education and growth opportunities. |
| | I schedule personal time off without guilt. |
| Reflecti | on Questions: |
| What | areas of self-care do I consistently neglect? |
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| What | small change can I make this week to improve my well-being? |
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