Self-care assessment

This form will help you to assess your self-care situation.
Tick the box that best reflects your self-care situation.

Current situation	I am satisfied with the situation, no need for change	I am somewhat satisfied with the situation; I need some change	I have a need for change
Amount and quality of food (meal rhythm, fibre, fat, salt)	☐	☐	☐
Weight and waist circumference kg cm	☐	☐	☐
Daily physical activity	☐	☐	☐
Rest and sleep	☐	☐	☐
Stress	☐	☐	☐
Personal resources	☐	☐	☐
Smoking ☐ I do not smoke	☐	☐	☐
Alcohol consumption ☐ I do not use alcohol	☐	☐	☐
Medication	☐	☐	☐
Daily oral hygiene	☐	☐	☐

My self-care goals and care plan

Do you have anything else related to health that you would like to discuss?

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