Supplementary File

Extreme Self-Care Questionnaire

How well do you take care of yourself? If you are feeling overwhelmed, out of balance, stressed-out, the reason is not because of other people or situations…you simply may not being taking as good care of yourself as you could.

Below, you will see a list of 50 statements. Next to each statement, write yes or no. If you doubt that a specific statement applies to you, use your judgment to modify the statement so that it fits for you. Be a tough grader…do not go for points, go for the truth. If in doubt, say ‘yes.’ At the

end, total your score and see your result.

Daily Routine

1. I woke up gently this morning (no loud buzzers, disc jockeys, or commercials).

2. I made my bed this morning before starting my day.

3. I ate a healthy breakfast this morning (not a doughnut and a cigarette).

4. I wake up each morning with something to look forward to in my day.

5. I fall asleep quickly and deeply each night.

Fitness and Health

6. I exercise/do some sort of conscious movement daily for at least 30 minutes.

7. I practice Yoga or other stretching routines at least three times a week.

8. I connect with nature at least three times a week (through golf, walking, or any other outdoor activity).

9. I have had a full physical (including blood test)in the past 18 months (especially if over 35).

10. I keep my weight within a healthy range for my size and age.

Nutrition

11. I eat at least 4-5 different kinds of fresh, raw, or cooked vegetables and fruits every day.

12. I drink at least 16 oz. of filtered water every day.

13. I take a multi-vitamin every day.

14. I eat one portion of protein (meat, fish) ,and one portion of carbohydrate(bread, rice, potatoes) at every meal, limiting the portion to a size no larger than fist.

15. I limit my sugar intake.

Stress Elimination

16. I have identified at least three main energy drainers in my life and I am actively and intentionally taking steps to eliminate each one.

17. I say no easily.

18. I have cut out most volunteer activities, unless they support me in a positive way.

19. I do not experience shortness of breath or feelings of anxiety.

20. I am calm. I am adrenaline-free.

Home/Work Environment

21. I have candles and/or a fireplace and I use them at least once a week.

22. Everything in my home/office is properly organized and filed. (Everything!)

23. My home environment is attractive and uncluttered.

24. At this moment, my kitchen is clean and everything is put away.

25. I have a quiet space in my home (no TV, radio, or noise from outside) where I can retreat to whenever I want.

Time Management

26. I get 6 to 8 hours of sleep each day.

27. I have at least 30 minutes each day which is just for me.

28. I have one day per week, unscheduled, so that I can sleep in or do whatever I want.

29. I have taken a 5-day vacation at least once in the past 6 months.

30. I give myself plenty of time to get to wherever I need to be, without being late.

Creativity and Expression

31. I have drawn a picture or created a visual scene at least once in the past month.

32. I have been to one play, concert, or other cultural event in the past 3 months.

33. I have laughed out loud in the presence of others at least once in the past 48 hours.

34. I have a goal that I am working toward achieving within the next 6 months.

35. I keep a daily/weekly journal.

Support

36. There is no one at work or among my friends that I am avoiding.

37. I say NO at least once a day AND I say YES at least once a day.

38. I have one person in my life (other than my spouse or partner) with whom I can talk **to** about anything.

39. I have a personal coach who I work with to create the life I want and to achieve goals.

40. I have had dinner outside my home with my spouse, partner, best friend, at least once in the past month.

Assorted Self-Care Items

41. I live in a nurturing home environment.

42. My spouse, friends, and children (if any) add positive energy to my life.

43. I have worked out all money concerns.

44. I know what my strengths are and have installed support systems to do for me what I cannot.

45. I have excellent medical and dental insurance coverage.

Pleasure

You know what makes you feel great so now write down your top 5 favorite personal, whimsical, intellectual, and entertainment pleasures below. (You automatically get 5 points here!)

46.

47.

48.

49.

50.

Scoring: Count up all your ‘yes’ votes and count each as one point. Write down your score.

Here is what your score means:

45-50: You are taking extremely good care of yourself. Can you think of one item you would like to add to this list?

30-44: You are taking pretty good care of yourself and there are areas to improve on. Extreme Self-Care is within your reach! Select one action step from your NO answers and make it happen!

19-29: Danger zone…when times are good, you take care of yourself, but you let other people’s agendas and needs get in the way of your own happiness.

Stop just ‘doing’ life and take control of it, instead.

Less than 18: You are missing out on the joy of life! If you do not take better care of yourself, you are headed for stress problems that will just get worse. You can get out of this rut by adopting an attitude of Extreme Self-Care, starting today. Begin to turn your NO answers into YES ones.

(Adapted from Thomas and Coach University [15] (https://www.coachu.com).