

Name: _____

Phone: _____ Email: _____

Self-Care Reflection:

Using a scale of 1 - 3, please rate yourself on the following components of your Mental Health & Well-being.

1 means "I need help"

2 means "Not to bad but could be better"

3 means "I am doing great"

Stress_____

Mood_____

Focus_____

Energy _____

Mindfulness_____

Self-Care Practices_____

Community_____

Using a scale of 1 - 3, please rate yourself on the following components of your Physical Health & Well-being.

1 means "I need help"

2 means "Not to bad but could be better"

3 means "I am doing great"

Digestion_____

Sleep_____

Movement_____

Energy_____

Pain_____

Immunity_____

Self-Care Practices_____