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**SELF-CARE PLAN TEMPLATE**

**Daily Self-care**

Consider what practices you already have in place to support your overall well-being on a daily basis.

Are you practicing self-care now?

Do you prioritize some areas of self-care in favour of others?

You may wish to try the table below to identify which areas of self-care you may need to prioritise.

|  |  |  |
| --- | --- | --- |
| **Elements of self-care** | **Practices I use now** | **Practices I could try** |
| **Physical-**eat a balanced diet, quality sleep, regular exercise, regular check-ups with your doctor |  |  |
| **Emotional-**take part in positive activities, celebrate your successes, be mindful of how you express your emotions |  |  |
| **Spiritual-**practice self-reflection, explore your spirituality |  |  |
| **Professional-**prioritise your work-life balance, keep improving your time-management skills, maintain healthy relationships in your workplace |  |  |
| **Social-**maintain healthy, social relationships, prioritise time for family, friends, reach out for support |  |  |
| **Financial-**learn and be aware of how finances affect your quality of life, practice effecting budgeting, eliminate debt |  |  |
| **Psychological-** make time for your needs, access support services, take-up device-free activities such as yoga, meditation |  |  |