



Client Intake Form: Self-Care Questionnaire

Client Information

- **Name:**
- **Date:**
- **Age:**
- **Gender:**
- **Occupation:**

Self-Care Practice Assessment

Physical Self-Care

1. How often do you prioritize physical activities (e.g., walking, yoga, stretching, or exercising)?
 - () Never
 - () Occasionally
 - () Frequently
2. Do you ensure you get enough rest and sleep each night?
 - () Never
 - () Occasionally
 - () Frequently
3. Do you take time to enjoy nourishing meals or snacks throughout the day?
 - () Never
 - () Occasionally
 - () Frequently

4. Do you engage in activities like massage, soaking baths, or other physical relaxation techniques?
- () Never
 - () Occasionally
 - () Frequently

Emotional Self-Care

5. Do you have a regular outlet for expressing emotions (e.g., journaling, talking with friends)?
- () Never
 - () Occasionally
 - () Frequently
6. Do you practice mindfulness, meditation, or breathing exercises to manage stress?
- () Never
 - () Occasionally
 - () Frequently
7. How often do you acknowledge and celebrate your accomplishments or positive moments?
- () Never
 - () Occasionally
 - () Frequently
8. Do you set boundaries to protect your emotional well-being (e.g., saying no, limiting screen time)?
- () Never
 - () Occasionally
 - () Frequently

Social Self-Care

9. How often do you spend quality time with friends, family, or loved ones?
- Never
 - Occasionally
 - Frequently
10. Do you feel supported by your social circle and reach out to others when needed?
- Never
 - Occasionally
 - Frequently
11. Do you engage in activities that foster connection, such as volunteering or group hobbies?
- Never
 - Occasionally
 - Frequently

Mental/Creative Self-Care

12. Do you make time for hobbies or activities that bring you joy (e.g., painting, reading, crafting)?
- Never
 - Occasionally
 - Frequently
13. Do you spend time outdoors or in nature to recharge?
- Never
 - Occasionally
 - Frequently

14. How often do you challenge yourself to learn something new or engage in personal growth activities?

- Never
- Occasionally
- Frequently

Relaxation & Recharge Techniques

15. How often do you take short breaks during the day to pause and relax?

- Never
- Occasionally
- Frequently

16. Do you unplug from technology or social media regularly?

- Never
- Occasionally
- Frequently

17. Do you spend time doing “nothing” to allow your mind and body to rest?

- Never
- Occasionally
- Frequently

Reflection Questions

1. Which activities make you feel the most recharged and relaxed?
2. Are there self-care practices you'd like to do more often or explore?
3. What obstacles prevent you from prioritizing self-care?
4. How could you incorporate more self-care into your routine?

Additional Notes

Please share any additional information you feel is important regarding your emotional health, lifestyle, or recent experiences: