

ARE YOU TAKING CARE OF YOURSELF?

Answer YES or NO to the following questions:

1.	Do you take time to have a leisurely bath or shower? \square YES \square NO
2.	Do you take time to brush your teeth? ☐ YES ☐ NO
3.	Do you have three distinct meals a day? ☐ YES ☐ NO
4.	Do you sit during those meals? ☐ YES ☐ NO
5.	Do you eat without a child or baby in your lap? □ YES □ NO
6.	Do you rest or nap while your baby naps? ☐ YES ☐ NO
7.	When your partner, family or friends offer to help do you accept? \Box YES \Box NO
8.	Do you ask for help when you need it? ☐ YES ☐ NO
9.	Do you have someone watch your child(ren) so you can go out and do something you really enjoy? YES INO
10.	Do you allow yourself to sit without worrying about all the work you have to do? \Box YES \Box NO
11.	Do you have friends you can call when you are down, friends who will really listen? ☐ YES ☐ NO
12.	Do you buy things for yourself not just for the baby/children? ☐ YES ☐ NO
13.	Do you read a magazine or book just for pleasure? ☐ YES ☐ NO
14.	Do you say yes or no to sex because that is what you want? \square YES \square NO
15.	Do you get enough exercise? ☐ YES ☐ NO
16.	Do you make time for solitude, if you want it? \square YES \square NO
17.	Do you ever accept yourself for who you are? ☐ YES ☐ NO
18.	Can you remember the last time you laughed until you cried? ☐ YES ☐ NO
-lova	many questions did you answer yes too? Work on one or two things from the above list to help improve

your self care.