# Self-Assessment Worksheet: My Self-Care

Name: Blank Class: Blank Date: Blank

Take this quiz to help you assess your current hygiene and self-care habits. Put a check in the Yes column if you do the behavior regularly, and in the No column if you do not. The more Yes responses you have, the better your understanding of personal hygiene and self-care is.

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| --- | --- | --- |
| **Hygiene and self-care behavior** | **Yes** | **No** |
| I wash my face, body, and hair regularly. |  |  |
| I brush my teeth two times each day. |  |  |
| I floss my teeth once a day. |  |  |
| I am careful not to listen to music or other audio too loud. |  |  |
| I take regular breaks from looking at a screen (phone, tablet, computer, TV). |  |  |
| I go to bed at almost the same time each day. |  |  |
| I avoid using social media or playing video games right before bed. |  |  |
| I feel rested and ready to go when I wake up in the morning. |  |  |
| I know my medical history. |  |  |
| I have a doctor or medical professional I see regularly. |  |  |

My score for My Self-Care = Blank (total number of Yes answers)