

Self-Care Questionnaire

★ Answer each question below "yes" or "no"; if a question does not apply, leave it blank.

Do you . . .

- ♥ Associate only with safe people who do not abuse or hurt you? Yes ___ No ___
- ♥ Get annual medical check-ups with a:
 - Doctor? Yes ___ No ___
 - Dentist? Yes ___ No ___
 - Eye doctor? Yes ___ No ___
 - Gynecologist (women only)? Yes ___ No ___
- ♥ Eat a healthful diet (healthful foods and not under- or overeating)? Yes ___ No ___
- ♥ Have safe sex? Yes ___ No ___
- ♥ Travel in safe areas, avoiding risky situations (e.g., being alone in deserted areas)? Yes ___ No ___
- ♥ Get enough sleep? Yes ___ No ___
- ♥ Keep up with daily hygiene (clean clothes, showers, brushing teeth, etc.)? Yes ___ No ___
- ♥ Get adequate exercise (not too much or too little)? Yes ___ No ___
- ♥ Take all medications as prescribed? Yes ___ No ___
- ♥ Maintain your car so it is not in danger of breaking down? Yes ___ No ___
- ♥ Avoid walking or jogging alone at night? Yes ___ No ___
- ♥ Spend within your financial means? Yes ___ No ___
- ♥ Pay your bills on time? Yes ___ No ___
- ♥ Know whom to call if you are facing domestic violence? Yes ___ No ___
- ♥ Have safe housing? Yes ___ No ___
- ♥ Always drive substance-free? Yes ___ No ___
- ♥ Drive safely (within 5 miles of the speed limit)? Yes ___ No ___
- ♥ Refrain from bringing strangers home to your place? Yes ___ No ___
- ♥ Carry cash, ID, and a health insurance card in case of danger? Yes ___ No ___
- ♥ Currently have at least two drug-free friendships? Yes ___ No ___
- ♥ Have health insurance? Yes ___ No ___
- ♥ Go to the doctor/dentist for problems that need medical attention? Yes ___ No ___
- ♥ Avoid hiking or biking alone in deserted areas? Yes ___ No ___
- ♥ Use drugs or alcohol in moderation or not at all? Yes ___ No ___
- ♥ Not smoke cigarettes? Yes ___ No ___
- ♥ Limit caffeine to fewer than 4 cups of coffee per day or 7 colas? Yes ___ No ___
- ♥ Have at least 1 hour of free time to yourself per day? Yes ___ No ___
- ♥ Do something pleasurable every day (e.g., go for a walk)? Yes ___ No ___
- ♥ Have at least three recreational activities that you enjoy (e.g., sports, hobbies—but not substance use!)?
Yes ___ No ___
- ♥ Take vitamins daily? Yes ___ No ___
- ♥ Have at least one person in your life that you can truly talk to (therapist, friend, sponsor, spouse)?
Yes ___ No ___
- ♥ Use contraceptives as needed? Yes ___ No ___
- ♥ Have at least one social contact every week? Yes ___ No ___

(cont.)

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- ♥ Attend treatment regularly (e.g., therapy, group, self-help groups)? Yes ___ No ___
- ♥ Have at least 10 hours per week of structured time? Yes ___ No ___
- ♥ Have a daily schedule and "to do" list to help you stay organized? Yes ___ No ___
- ♥ Attend religious services (if you like them)? Yes ___ No ___ N/A ___
- ♥ Other: _____ Yes ___ No ___

Your score: (total number of No's): ___

NOTES ON SELF-CARE

Self-care and PTSD. People with PTSD often need to *learn* to take good care of themselves. For example, if you think about suicide a lot, you may not feel that it's worthwhile to take good care of yourself and may need to make special efforts to do so. If you were abused as a child, you got the message that your needs were not important. You may think, "If no one else cares about me, why should I?" Now is the time to start treating yourself with respect and dignity.

Self-care and substance abuse. Excessive substance use is one of the most extreme forms of self-neglect because it directly harms your body. And the more you abuse substances, the more you are likely to neglect yourself in other ways too (e.g., poor diet, lack of sleep).

Try to do a little more self-care each day. No one is perfect in doing everything on the questionnaire at all times. However, the goal is to take care of the most urgent priorities first, and to work on improving your self-care through daily efforts. "Progress, not perfection."

Ideas for a Commitment

*Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.*

- ✦ Option 1: Identify one self-care problem from the Self-Care Questionnaire (one “no” answer) that you want to work on. Before the next session, make that “no” into a “yes”—solve that self-care problem. If you want to, write out how it went: How did it feel to do it? Was it successful? Any next steps you’d like to take?
- ✦ Option 2: Take any four of the following words and write a page on how your life could be improved by attending to them (be creative—there’s no right or wrong answer to this):

*Self-Care Dignity Body Attention Love Effort
Knowledge Respect Safety Physical*

- ✦ Option 3: Find someone in your life who takes very good care of her- or himself. Interview this person, asking everything you can about how the person does it, how it feels, and how the person learned it.
- ✦ Option 4: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	New Way
Situation	I have a bad toothache.	I have a bad toothache.
★ <u>Your Coping</u> ★	Not doing anything about it. Just trying to put it out of mind.	Call dentist immediately. Say to myself, “Even though I wasn’t taken good care of when I was growing up, I need to do things better now.”
Consequence	It keeps getting worse. I feel miserable.	This feels strange—I’m used to waiting until everything is in crisis. But I know this was the best way to handle it.

How safe is your old way of coping? _____ How safe is your new way of coping? _____

Rate from 0 (not at all safe) to 10 (totally safe)

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