

HOW WOULD I RATE MY SELF-CARE?

Spiritual Health

1 _____ 5 _____ +10

1. Has my spiritual life grown or deteriorated over the last five years?
2. Do I practice any "spiritual disciplines"? (e.g. prayer/meditation, journaling, spiritual direction, fasting, retreating, solitude) What is most helpful to me?
3. What does "sabbath" mean to me? How do I feel about taking time off?
4. Do I stay in ministry because I feel called by God to do so? ...do I feel trapped?
5. What would I do if could do anything? (assume money is unlimited)
6. Do I have a pastor and /or spiritual director/guide? How often do we get together?
7. What is lively or difficult for you in your present relationship with God?
8. What ways are you touched by and/or ministering to the needs and suffering of others?
9. How have you dealt with pain in your life? How did these experiences change you?

Emotional Health

1 _____ 5 _____ +10

1. Am I aware of how past experiences (e.g. family of origin, behavior patterns, etc.) impact my present feelings and behavior? How?
2. What drives or controls my life? (food, sex, power, work, adrenaline, need for approval)
3. Am I in touch with what I am feeling and can I express this - hope, depression, anger, joy, confidence, loneliness, fulfillment, guilt, unrealistic expectations, loss and grief, etc.
4. Are my relationships satisfying and are my personal needs being met?
5. Am I aware of any compulsions or addictions I might have and am I willing to deal with them?
6. What kind of support system do I have? How might I expand it? Does it include a counselor?
7. Am I paying attention to my marriage and family? Where do they fit into my life?
8. Do I experience regular or ongoing conflicts with others? How do I handle them?
9. Do I enjoy and feel like my ministry "makes a difference"?
10. Do I nearly always feel like I should do more in ministry than I do?
11. What do I need to live a full, rich, and emotionally satisfying life?

Physical Health

1 _____ 5 _____ +10

1. Am I paying attention to my personal health?
2. Do I engage in substantial exercise at least three times each week?
3. Do I observe sound nutrition? Am I overeating/under-eating?
4. Do I usually feel rested and energetic? Do I enjoy restful sleep?
5. Do I feel healthy? Do I feel good about my body?

6. Am I comfortable with my weight? Does my weight restrict some of my activities?
7. Is my financial situation sound?

Intellectual Health

1 _____ 5 _____ +10

1. Am I involved in regular, planned continuing education?
2. Am I open to engaging a mentor to challenge, encourage, and give me feedback?
3. What books have I read this past year? Is all of my reading focused on ministry?

GENERAL QUESTIONS

1. What obstacles do I encounter that make self-care more difficult for me?

2. What am I willing to change in order that I can take better care of myself?

3. What resources do I have to improving my self-care?

4. What excuses do I use for not practicing better self-care?

WHAT SPECIFIC GOALS WILL I SET TO IMPROVE MY SELF-CARE?

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