

Self Love Worksheet

Patient information

Name:

Date:

Self-reflection

My strengths

My achievements

Things I like about myself

Gratitude and appreciation

People I am grateful for

Things that make me happy

My support system

Self-care practices

Physical self-care

Emotional self-care

Spiritual self-care
Challenges and growth
Challenges I have overcome
Areas for growth
Affirmations for growth
Action plan for self-love
Daily self-love actions
Long-term self-love goals
Additional reflections
Notes from your counselor