

Extreme Self-Care Program

There are four steps to completing the **Extreme Self Care Program.™**

Step 1: Answer each question. Give yourself credit for completing each item. Be a tough grader. Don't go for the points, go for the truth. However, if the item does not fit for you, doesn't apply or you don't agree with it, please just re-word or change the item so it does work for you.

Step 2: Summarize each section. Add up the number of checked boxes in each of the 10 sections and write those amounts where indicated, at the end of each section. Then add up all 10 sections and write the current total in the box/area located at the beginning of this program. The max score is 100.

Step 3: Color in the Progress Chart on the front page. If you have nine checks filled in under the Stress Elimination section, for example, color in the bottom nine boxes of column one of the Progress Chart, and so on. Or you can fill in the boxes that "match" the statement you get credit for.

Step 4: Keep playing until all squares are filled in. You can do it! This process may take 30 or 360 days, but you can achieve a perfect score on the Extreme Self Care Program. Use your coach or a friend to assist you. And update once a year.

PROGRESS CHART

Date	Points (+/-)	Score

Extreme Self-Care Program 100-Point Checklist

Sections										
#	A	B	C	D	E	F	G	H	I	J
10										
9										
8										
7										
6										
5										
4										
3										
2										
1										

Give yourself credit as you get points from the 100-point program. Fill in columns from the bottom up.

Living in today’s world places many demands on your body, mind, heart and spirit. The purpose of this program is to guide you as you focus on yourself in order to strengthen your balance, wellness and quality of life. The key word in the program title is Extreme. Everyone has their own way of working this program, so please adapt it to meet your needs.

The **Extreme Self Care Program™** consists of 100 items which, when completed, will likely result in emotional and physical balance for you. The 10 areas of the program are:

- Stress Elimination
- Environment/Family
- Pleasure
- Health and Emotional Balance
- Special Care Items
- Support/Experts
- Ingestion
- Appearance
- Sustainability
- Daily Rituals

A. Stress Elimination

Note that the section title is Stress Elimination not Stress Reduction.

Number of circles checked (10 max) ____

- If my job, business or profession is harming me and I can't seem to make it completely stress-free, I have quit, sold it or am changing professions.
- I have made a list of the 10 promises that I have made to others that are causing me stress, even if it's stress that I can handle.
- I have revoked all 10 of these promises and have worked something out.
- I have identified the three primary sources (people, roles, expectations of others) of my current stress.
- I have completely eliminated these three items.
- I have cut out most volunteer activities, unless they directly support all of my life.
- I have a house cleaner.
- Someone else runs my errands.
- All bills, paper and administrative tasks have been outsourced and are electronically handled and/or I have an assistant who handles everything administratively, automatically.
- Any legal, tax or financial clouds or problems have been completely resolved.

B. Environment/Family

We are such a product of our environment. And, we have the option of designing and educating our environment(s) to be exactly what's best for us.

Number of boxes checked (10 max) _____

- I live in a nurturing home environment.
- My computer is backed up, weekly.
- My pets (if any) add energy to my life.
- My spouse (if any) adds energy to my life.
- My children (if any) add energy to my life.
- There is absolutely no clutter/messes in or around my home or office.
- Everything is fully and properly organized and filed in my home and office. (Everything!)
- I'm fully aware of every aspect of my physical environment and draw energy from it.
- I fully respond to my environment. If something goes wrong, I quickly learn from the experience and immediately grow.
- If I don't like something, I fix it, now.

C. Pleasure

You know what makes you feel great, so please write down your top ten favorite personal, whimsical, intellectual and entertainment pleasures below

Number of boxes checked (10 max) _____

<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
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<input type="radio"/>	_____
<input type="radio"/>	_____

D. Health And Emotional Balance

The list below contains physical and emotional wellness steps

Number of boxes checked (10 max) _____

- I have “given up” the future; I am living in the here and now and I am not chasing anything.
- I have complete physical exams every one to three years.
- I have had a complete blood testing work-up and discussed the results with a licensed nutritionist.
- I exercise three to seven times a week for at least 30 minutes, even if I have to hire a trainer to keep me on track.
- If I react to others or to problems, I have gotten to the source of the emotional reaction.
- I have excellent posture, move naturally and my body is well balanced and integrated.
- If I am not eating perfectly, I have arranged nutritionally correct prepared food to be delivered twice weekly.
- I am calm. I am adrenaline-free.
- I have arranged to be lovingly touched or held several times per week, each time for as long as I need it.
- I know what motivates me.

E. Special Care Items

On the lines below, please write in the special needs or wants that you have that you haven't seen elsewhere in this program. Use your imagination and, of course, be very, very selfish

Number of boxes checked (10 max) _____

<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
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<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____

F. Support/Experts

Extreme Self Care is made possible by the investment you make in all areas of your life and also the investment you make in the services of experts

Number of boxes checked (10 max) _____

- I am working with a Personal Coach who has a track record of helping others practice Extreme Self Care and who walks the talk.
- I have worked with a chiropractor or similar who has removed any energy blocks.
- I have been Rolfed, or similar.
- If needed or beneficial, I am in therapy with an expert in my area of primary concerns.
- I have been to a dermatologist and had the skin on every part of my body thoroughly examined.
- I have a supportive relationship with God (or the equivalent for you).
- I am expertly massaged twice a month.
- I have a friend or family member who is always a source of unconditional support and love for me.
- If I have money concerns or problems, I have worked them out completely, using an expert or team of experts.
- I have a Rolodex of 100 experts that I can call on for assistance (see the Team 100 checklist for a list of 100 experts).

G. Indigestion

Open mouth, insert Extreme Self Care.

Number of boxes checked (10 max) _____

- I drink at least 1/2 gallon of spring water each day.
- I take time-release Vitamin C (500-1000 mg) daily, if recommended.
- I take odorless garlic daily.
- I do not smoke.
- I rarely drink alcohol or use drugs.
- I do not use caffeine.
- I have eliminated most meat and dairy (if medically appropriate for you) from my diet.
- I take a nutritionist-recommended multivitamin daily.
- I rarely eat sugar.
- I treat my body as the temple that it is.

H. Appearance

Extreme Self Care includes the outside part of you, not just the inside

Number of boxes checked (10 max) _____

- I have tossed every single article of clothing that does not make me look great.
- My hair is styled and/or colored exactly as I most like it.
- I have my nails professionally manicured.
- I have had my colors done and my wardrobe colors flatter my skin tone.
- If I want/need hair removed, I am seeing a licensed electrolysis expert (or similar).
- I've had a hair transplant/weave or similar if I am sensitive about the amount of hair I have.
- I have (or give myself) facials at least monthly.
- I only wear great shoes.
- My body is in excellent shape, toned and exercised regularly. I am proud of my body.
- My teeth look great and I smile broadly at every opportunity.

I. Sustainability

Part of the Extreme Self Care process is to integrate the changes that you are making so that they become natural behavior for you, not just a temporary effort

Number of boxes checked (10 max) _____

- I am working on the Personal Foundation Program (available from Coach U).
- I am working on the Irresistible Attraction Program (available from Coach U).
- I've gotten my needs met completely.
- I have restructured my finances (cut expenses, increased income) so that I have absolutely no financial concerns and money does not drive my decisions.
- I have worked through all of the parent/sibling/upbringing issues in therapy. I am not living/being blindly guided by the past.
- I have resolved and healed from whatever damage that was done to me prior to today.
- I say No easily.
- As a part of the Extreme Self Care process, I have radically raised my personal standards.
- Everyone around me is on a similar Extreme Self Care track as I am. No one is sabotaging my efforts or me.
- I know what my strengths are and I have installed support systems to do for me what I can't, won't or don't do for myself.

J. Daily Rituals

Extreme Self Care is a daily process, not just a one-time program.

Number of boxes checked (10 max) _____

- I stretch daily.
- I have a relaxing pre-bedtime ritual (reading, music, touch, etc.) so I fall asleep with a smile on my face.
- I floss well, twice daily.
- My routine upon rising is nourishing and deliberate; it's not influenced by pressure.
- I make sure that my days are spent doing what I most want to do, not what I should be doing or what others expect of me.
- I under-promise, consistently -- I don't get caught up in the performance/catch up trap.
- I have something wonderful to look forward to, each evening.
- I have specially-identified time just for me, in my schedule.
- I am physically active each day.
- I don't lose touch with myself during the day.