

THE *extreme*  
SELF-CARE  
PROGRAM

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# THE *extreme* SELF-CARE PROGRAM

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You have more natural energy when you are clear with your environment, health, emotional balance, money, and relationships. The Extreme Self-Care Program consists of 100 items which, when completed, give you the vitality, increased power, and strength you want to live an extraordinary life.

## INSTRUCTIONS

There are 4 steps to completing the Extreme Self-Care Program.

- Step 1:** Answer each question. If true, make a check next to it. Be rigorous; be a hard grader. If the statement is sometimes or usually true, please DO NOT make a check until the statement is virtually always true for you. (No “credit” until it is really true!) If the statement does not apply to you, check the box. If the statement will never be true for you, check the box. (You get “credit” for it because it does not apply or will never happen.) And, you may change any statement to fit your situation better.
- Step 2:** Summarize each section. Add up the number of True boxes for each of the 4 sections.
- Step 3:** The goal is to have the entire statements checked off. In the meantime, you will have a current picture of how you are doing in each of the four areas.
- Step 4:** Keep playing until all boxes are filled in. You can do it! This process may take 30 or 360 days, but you can achieve Extreme Self-Care! Use your coach or a friend to assist you. And check back once a year for maintenance.

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## EXTREME SELF-CARE PROGRAM 100-POINT CHECKLIST

### A. PHYSICAL ENVIRONMENT

My personal files, papers and receipts are neatly filed away.

My car is in excellent condition. (Doesn't need mechanical work, repairs, cleaning or replacing)

My home is neat and clean. (Vacuumed, closets clean, desks and tables clear, furniture in good repair; windows clean)

My appliances, machinery and equipment work well. (Refrigerator, toaster, snowblower, water heater, toys)

My clothes are all pressed, clean and make me look great. (No wrinkles, baskets of laundry, torn, out-of-date, or ill-fitting clothes)

My plants and animals are healthy. (Fed, watered, getting light and love)

My bed/bedroom lets me have the best sleep possible. (Firm bed, light, air)

I live in a home/apartment that I love.

I surround myself with beautiful things.

I live in the geographic area I choose.

There is ample and healthy light around me.

I consistently have adequate time, space and freedom in my life.

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## A. PHYSICAL ENVIRONMENT (continued)

I am not damaged by my environment.

I am not tolerating anything about my home or work environment.

My work environment is productive and inspiring. (Synergistic, ample tools and resources; no undue pressure)

I recycle.

I use non ozone-depleting products.

My hair is the way I want it.

I surround myself with music, which makes my life more enjoyable.

My bed is made daily.

I don't injure myself, or bump into things.

People feel comfortable in my home.

I drink purified water.

I have nothing around the house or in storage that I do not need.

I am consistently early or easily on time.

**Number of statements checked (25 max)**

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## B. HEALTH & EMOTIONAL BALANCE

I rarely use caffeine. (Chocolate, coffee, colas, tea) less than 3 times per day,

I rarely eat sugar. (Less than 3 times per week.)

I rarely watch television. (Less than 5 hours per week)

I rarely drink alcohol. (Less than 2 drinks per week)

My teeth and gums are healthy. (Have seen dentist in last 6 months)

My cholesterol count is healthful.

My blood pressure is healthful.

I have had a complete physical exam in the past 3 years.

I do not smoke tobacco or other substances.

I do not use illegal drugs or misuse prescribed medications.

I have had a complete eye exam within the past two years. (Glaucoma check, vision test)

My weight is within my ideal range.

My nails are healthy and attractive.

I don't rush or use adrenaline to get the job done.

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## B. HEALTH & EMOTIONAL BALANCE (continued)

I have a rewarding life beyond my work or profession.

I have something to look forward to virtually every day.

I have no habits that I find to be unacceptable.

I am aware of the physical or emotional problems or conditions I have, and I am now fully taking care of all of them.

I consistently take evenings, weekends and holidays off and take at least two weeks of vacation each year.

I use well-made sunglasses.

I do not suffer.

I floss daily.

I walk or exercise at least three times per week.

I hear well.

**Number of boxes statements checked (25 max)**

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## C. MONEY

I currently save at least 10% of my income.

I pay my bills on time, virtually always.

My income source/revenue base is stable and predictable.

I know how much I must have to be minimally financially independent and I have a plan to get there.

I have returned or made-good-on any money I borrowed.

I have written agreements and am current with payments to individuals or companies to whom I owe money.

I have 6 months' living expenses in a money market-type account.

I live on a weekly budget that allows me to save and not suffer.

All my tax returns have been filed and all my taxes have been paid.

I currently live well within my means.

I have excellent medical insurance.

My assets (car, home, possessions, treasures) are well insured.

I have a financial plan for the next year.

I have no legal clouds hanging over me.

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## C. MONEY (continued)

My will is up-to-date and accurate.

Any parking tickets, alimony or child supports are paid and current.

My investments do not keep me awake at night.

I know how much I am worth.

I am on a career/professional/business track that is or will soon be financially and personally rewarding.

My earnings are commensurate with the effort I put into my job.

I have no “loose ends” at work.

I am in relationship with people who can assist in my career/professional development.

I rarely miss work due to illness.

I am putting aside enough money each month to reach financial independence.

My earnings outpace inflation, consistently.

**Number of boxes checked (25 max)**

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## D. RELATIONSHIPS

I have told my parents, in the last 3 months, that I love them.

I get along well with my siblings.

I get along well with my co-workers/clients.

I get along well with my manager/staff.

There is no one who I would dread or feel uncomfortable “running across”. (In the street, at an airport or party.)

I put people first and results second.

I have let go of the relationships that drag me down or damage me. (“Let go” means to end, walk away from, state, handle, no longer be attached to)

I have communicated or attempted to communicate with everyone who I have damaged, injured or seriously disturbed, even if it wasn’t fully my fault.

I do not gossip or talk about others.

I have a circle of friends/family who love and appreciate me for who I am, more than just what I do for them.

I tell people how they can satisfy me.

I am fully caught up with letters and calls.

I always tell the truth, no matter what.

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## D. RELATIONSHIPS (continued)

I receive enough love from people around me to feel good.

I have fully forgiven those people who have hurt/damaged me, deliberate or not.

I am a person of his/her word; people can count on me.

I quickly clear miscommunications and misunderstandings when they do occur.

I live life on my terms, not by the rules or preferences of others.

There is nothing unresolved with past loves or spouses.

I am in tune with my wants and needs and get them taken care of.

I do not judge or criticize others.

I do not “take personally” the things that people say to me.

I have a best friend or soul mate.

I state requirements rather than complain.

I spend time with people who don't try to change me.

**Number of boxes checked (25 max)**

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## BENEFITS

On the lines below, jot down specific benefits, results and shifts that happen in your life because you handled an item in the Extreme Self-Care Program.