

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.

Extreme Self-Care Program

VERSION 4, 09/01

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

Dedicated to coaches Cheryl Richardson and Stephen Cluney who model this program naturally.

Instructions for this program are on the last page.

Developed by the staff, trainers and participants of COACH U, INC.

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A. STRESS ELIMINATION

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

- 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 3 primary sources (people, roles, expectations of others) of my current stress.
- I have completely eliminated these 3 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.

_____ **Number of boxes checked (10 max)**

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.

- 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.

_____ **Number of boxes checked (10 max)**

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)**

D. HEALTH AND EMOTIONAL BALANCE

The list below contains physical and emotional wellness steps.

- 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 1-3 years.
- I have had a complete blood testing work-up and discussed the results with a licensed nutritionist.
- I exercise 3-7 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.

_____ **Number of boxes checked (10 max)**

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)

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.

- 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.)

_____ Number of boxes checked (10 max)

G. INDIGESTION

Open mouth, insert Extreme Self Care.

- 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.

_____ Number of boxes checked (10 max)

H. APPEARANCE

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

- 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.

_____ Number of boxes checked (10 max)

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.

- 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.

_____ **Number of boxes checked (10 max)**

J. DAILY RITUALS

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

- 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 underpromise, 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.

_____ **Number of boxes checked (10 max)**

INSTRUCTIONS

There are 4 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 9 checks filled in under the Stress Elimination section, for example, color in the bottom 9 boxes of column 1 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.

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