

I Can Live On My Own and Be Well!

A curriculum for health, wellness, and independent living

Facilitator Guide



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Lesson 1: Decision Making

Learning Objective: Understand the decision making process and steps involved in decision making so that you can make the best decisions for yourself.

Supplies Needed: Decision Making Wheel handout, flipchart and markers

Introduction:

“I Can Live on My Own and Be Well” is a curriculum that will help people in PROS programs manage their daily activities and take care of their needs. Lessons include decision making, socialization, managing ADLs, living a healthy lifestyle, and getting your needs met with medical providers.

Most people need support in their lives. They find support in various places; from friends and family, spiritual groups, and community organizations. This group will help you to identify and use those supports so that you can live comfortably in the community.

It’s important to make sure that we all have the same expectations for this group. Let’s take a few minutes to go around the room and introduce ourselves and get to know each other a bit.

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| Activity: Getting to know you!  Supplies needed: None  Purpose: To introduce participants and for participants to get to know each other  Directions: Ask each participant to introduce themselves. Ask them to share something about themselves, and what they hope to get out of the group. |

Now that everyone in the room has been introduced, let’s talk a little bit about group rules. It’s important to have group rules. These are rules that we can all agree on to help each other feel comfortable and safe in the group.

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| Activity: Setting group rules  Supplies needed: Flip chart and markers  Purpose: To set group rules so that everyone feels safe in the group environment  Directions: Brainstorm a list of rules you would like for the group, Have a discussion with your fellow group members to come up with an agreement on rules. Common group rules include starting on time, not leaving the group early, not interrupting others when they are speaking, and giving everyone the opportunity to share in the group process. |

Now that we have all met each other and agreed on rules for the group, let’s start today’s lesson on decision making.

We make decisions all the time…what to wear, what to eat for breakfast, when to go to sleep, and what to buy at the grocery store for example. Some of the decisions we make are so routine that we make them without giving them any thought. But difficult or challenging decisions demand more consideration. There are the sort of decisions that involve:

* Uncertainty-many of the facts may be unknown
* Complexity-there can be many, interrelated factors to consider
* High-risk consequences-the impact of the decision may be significant
* Alternatives-there may be various alternatives, each with its own set of uncertainties and consequences
* Interpersonal issues-you need to predict how different people will react

Today we are going to learn how to improve consequences by improving how we go about choosing what to do. We will follow each step on the “Decision Making Wheel” to help guide us.

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| Activity: The Decision Making Wheel  Supplies needed: The Decision Wheel handout, flip chart and markers  Purpose: to teach and practice steps in the decision making process  Directions: hand out copies of the decision making wheel handout to each participant.  Read the following scenario:  You have been working in the Acme billing office for about two weeks now. You notice that Jean walks over to Amy’s desk while she is at lunch. Jean opens Amy’s desk drawer and takes something from it but you don’t see what it is. When Amy comes back from lunch she immediately gets upset. She says that someone stole $20 from her drawer while she was away from her desk. What do you do?  Follow each step on the wheel and teach participants the process of clarifying the problem, then moving through the steps of thinking to come to a decision. Use the decision wheel as a guide, discuss the following questions with participants and make notes on their answers on the flip chart. Ask participants to use one of their decision wheels to record answers to each question:   1. What is the problem? 2. What are the choices you have? 3. What do you think the consequences of these choices will be for yourself and others who are involved? 4. What values do you need to consider? 5. How do you feel about the situation? 6. Is there anything else you need to learn about it? 7. Do you need to ask for help? Who will you ask? 8. What is your decision? 9. Do you think you made the right decision? Why? |

Homework: Practice using the decision wheel to help you make decisions between now and the next group session and share your experiences with the group.

Lesson 2: Making Time and Keeping In Touch with Friends and Family

Learning Objective: Learn the role that friends and family members play in coping with problems and symptoms. Learn tips for staying in touch with the people who are close to you.

Supplies Needed: Relationship Map Handout, pens or pencils

Review Homework: Share your experiences using the decision wheel.

Evidence shows that good relationships-with family, friends and your community-are very important for your mental health. It is always worth putting effort into maintaining your friendships or making new friends. Friends form one of the foundations of our ability to cope with the problems that life throws at us.

Studies show that healthy relationships can make life more enjoyable, help us handle grief, and provide camaraderie to help us reach personal goals, among many other things. Just sharing things with trusted friends and family will go a long way to boosting willpower-they can keep us grounded and help us get things in perspective at times when we are struggling to do so ourselves. Things can become easier when we have someone physically present, listening, offering encouragement or even just providing some practical help along the way.

Some tips for staying in touch

* **Take the first step**. It’s all too easy to put off a “catch up” with friends or family. Re-ignite relationships with friends and family by taking the first step. They might be feeling the same way as you, and someone has to make the first move, so let it be you. Dedicate some time every day or every week to connect with your family, friends and colleagues.
* **Arrange a day out** with friends you may not have connected with recently. Despite many people connecting everyday on social media, there is nothing quite like meeting up in person. It can help to suggest a few dates and plan a get-together.
* **Exercise with others.** It may be increasingly difficult to carve out time for socializing, but if you combine it with your regular exercise regime, you may find that you can get the benefits of exercising and catching up at the same time.
* **Reduce your screen time** when you are in company. Put the phone away, close your laptop, turn off the TV and have a chat.
* **Join with others**. You may feel isolated and lonely if you live alone or your friends and family are not close by. Take any opportunity to make new connections and get to know the people who live near you, by joining local clubs or attending events.

If you have no family or friends living nearby or you have lost touch over the years, this can sometimes be a source of distress and loneliness. Don’t be afraid to get in touch, even if it’s been a long time. Pick up the phone, send a text, write a letter or email them. The good news is that others benefit from your call too!

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| Activity: Relationship Map  Supplies needed: Relationship map handout, pens or pencils  Purpose: To help identify the people in our lives  Directions: Provide each group member with a handout. Follow directions on the worksheet. Discuss your map with the rest of the group. |

Discussion Questions:

1. Are there any areas of your life where you would like to increase the number of friends/contacts you have? If so, what are they?
2. How satisfied are you in each of the areas you identified? What do you think you might do to improve your level of satisfaction?

Homework: Try reaching out to someone on your relationship map. Make a date to meet for a coffee or to take a walk and catch up. Share how it went with the group in the next session.

Lesson 3: Managing Activities of Daily Living

Learning Objective: Identify the activities of daily living that you may need help with. Identify who can help manage them.

Supplies Needed: Activities of Daily Living Checklist, pens or pencils

Review Homework: Review how it went reaching out to someone on relationship map. Ask participants if they were able to reach out to someone and catch up or make plans to do something. How did it go? What could be done differently next time to make the experience better?

There is a lot that we need to do every day that will help us to get all of our needs met and to make sure that we are able to maintain our living situation. That can include things like traveling to various places in the community like the bank, the grocery store and the doctor. It can also include using a telephone, getting directions, and keeping your home tidy and preparing meals for yourself. Another thing to think about is how to maintain your living space. Do you need any help doing laundry or cleaning? These are some of the topics that we will talk about in today’s lesson.

Before we get into a discussion on how you can get the support you need to maintain your home and gets your needs met, let’s do an exercise to help you identify the areas where you may need some help.

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| Activity: Activities of Daily Living Checklist  Supplies Needed: Activities of Daily Living Checklist handout, pens or pencils  Purpose: To help participants identify the areas of daily living where they may need extra help  Directions: Provide participants with the Activities of Daily Living checklist. Ask them to take about 5-10 minutes to read through and check off whether they need no help, some help or they are unable to complete the task at all without assistance. Once complete, ask participants to share with the group which tasks they need assistance with and brainstorm how they can get help with the larger group. |

It’s ok to need extra help. No one is perfect and we all need support to maintain our well-being. Who can you turn to when you need help?

Homework: Make a list of people with their phone numbers and keep it somewhere where it is easily accessible (like your refrigerator door). Use the list and call on the people who support you when you need help.

Lesson 4: Maintaining a Healthy Lifestyle

Learning Objectives: Review and discuss steps that participants can take to maintain a healthy lifestyle.

Supplies Needed: Healthy Lifestyle questionnaire

Review Homework: Review making a list of people and their phone numbers of those who can help with activities of daily living. Who was on that list? What can they help with?

Being healthy should be part of your overall lifestyle, not just a New Year’s resolution. Living a healthy lifestyle can help prevent chronic diseases and long-term illnesses. Feeling good about yourself and taking care of your health are important for your self-esteem and self-image. Maintain a healthy lifestyle by doing what is right for your body.

Step 1

Maintain a healthy weight. Determine whether you are overweight by checking your body mass index. If you are overweight, it can lead to a higher risk of chronic disease such as cardiovascular disease, diabetes, stroke and certain cancers. See your doctor for an annual physical or more often to help you manage any health conditions.

Step 2

Stick with healthy food from each food group. This means staying away from food high in saturated fats, sodium and added sugars. Eat more whole grains, lean proteins such as chicken or legumes and beans, low-fat or non-fat dairy, and increase your fruits and vegetables.

Step 3

Visit your doctor for an annual physical exam. Depending on your age, certain lab tests and screenings, such as mammograms, colonoscopies and heart tests, are necessary. Stay up to date on your health screenings to identify whether there are medical problems to address.

Step 4

Make sure your relationships are positive and healthy ones. Surround yourself with people who support you and who you feel good around. Your partner in life, friends and others who are in your life should respect you. If you find yourself in an unhealthy relationship, take steps to improve it or move on.

Step 5

Engage in physical activity for at least 30 minutes every day. Take an exercise class, join the gym or just take a brisk walk outside. Making the time for physical activity is a necessity and not a luxury. If you have a chronic health condition, speak with your doctor before starting any type of exercise regimen.

Step 6

Know when and how to de-stress. Taking care of your mental health is just as important as taking care of your physical health. Make sure that you have positive ways of dealing with stressors in your life. This might be exercising, meditating, yoga or just doing deep breathing exercises. If stress becomes so severe that it is interfering with your sleep or ability to cope, talk to your doctor of a counselor.

Step 7

Don’t smoke. Smoking can cause preventable diseases such as lung cancer and other cancers. Stay away from secondhand smoke, since this can also be hazardous to your health.

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| Activity: Healthy Lifestyle Questionnaire  Supplies Needed: Healthy lifestyle questionnaire (handout #3)  Purpose: To have participants assess their lifestyle and discuss potential areas for change  Directions: Ask each participant to complete the healthy lifestyle questionnaire. Encourage discussion among group members in relation to potential areas for change. Explore ways that participants may make change, including who will help them. |

What are your lifestyle goals? What help do you need from others in your life to help you attain your goals and manage your life in a healthy way?

Homework: Connect with someone you consider to be a support for you and talk to them about your lifestyle goals. Talk to them about their role in helping you achieve it.

Lesson 5: Coping With Stress

Learning Objective: Learn about common causes of stress and techniques for stress reduction.

Supplies Needed: None

Review Homework: Review lifestyle goal and who participants’ supports are. How will they help the participant achieve their goal?

What is stress?

Stress is your body’s way of responding to any kind of demand. It can be caused by both good and bad experiences. When people feel stressed by something going on around them, their bodies react by releasing chemicals into the blood. These chemicals give people more energy and strength, which can be a good thing if their stress is caused by physical danger. But this can also be a bad thing, if their stress is in response to something emotional and there is no outlet for this extra energy and strength.

What causes stress?

Many different things can cause stress - from physical (such as fear of something dangerous) to emotional (such as worry over your family or job). Identifying what may be causing you stress is often the first step in learning how to better deal with your stress. Some of the most common sources of stress are:

Survival stress – you may have heard the phrase “fight or flight” before. This is a common response to danger in all people and animals. When you are afraid that someone or something may physically hurt you, your body naturally responds with a burst of energy so that your will be better able to survive the dangerous situation (fight) or escape it all together (flight). This is survival stress.

Internal stress – Have you ever caught yourself worrying about things you can do nothing about or worrying for no reason at all? This is internal stress and it is one of the most important kinds of stress to understand and manage. Internal stress is when people make themselves stressed. This often happens when we worry about things we can’t control or put ourselves in situations we know will cause us stress. Some people become addicted to the kind of hurried, tense, lifestyle that results from being under stress. They even look for stressful situations and feel stress about things that aren’t stressful.

Environmental stress – This is a response to things around you that cause stress, such as noise, crowding, and pressure from work or family. Identifying these environmental stresses and learning to avoid them or deal with them will help lower your stress level.

Fatigue and overwork – This kind of stress builds up over a long time and can take a hard toll on your body. It can be caused by working too much or too hard at your job, school, or home. It can also be caused by not knowing how to manage your time well or how to take time out for rest and relaxation. This can be one of the hardest kinds of stress to avoid because many people feel this is out of their control.

One of the most immediate and easiest ways to deal with stress is responding to your body’s physical symptoms. Sometimes this can be as easy as stopping what you’re doing and taking a few deep, relaxing breaths. Sound too easy? Try it.

* Are the kids or family getting on your nerves? Go into another room, or even the bathroom or closet if you need to get away. Shut the door. Experience the quiet. Take a few deep breaths. Feel the tension go out of your head, neck and shoulders. Try not to feel silly for handing out in the coat closet.
* Had another bad day with your boss or another office worker/ shut the door to your office if you have one and take a few minutes for yourself. No door? Stroll down the hall, rinse your face in cool water in the bathroom, or head outside for a few lung fulls of fresh air. Just getting away for a few minutes can be calming and help you relax.
* Spent too long studying over the books or trying to finish that report for work? Push back from your desk. Roll your head and shoulders. Rub your hands together quickly to warm them and place them over your weary eyes, or just close your eyes and let your face and neck relax. Breathe in and out deeply. Remember the time your boss/coworker/teacher/you sat on the jelly donut.

There – you’ve already lowered your stress and your blood pressure in just a few seconds. Because our first reaction to stress is physical (our body releases chemicals, our heartbeat and breath become faster, and muscles get tense as we prepare for ‘fight or flight’), your first line of defense against stress is convincing your body to relax again.

Responding to the immediate physical effects of stress can help lessen the long-term and mental effects of stress. Developing a healthier lifestyle and building activities into your schedule that help you relax can also help your body, and mind bounce back from stress. Here are some other ‘quick fixes’ and long-term tips for helping you deal with the physical effects of stress.

1. Breathe deeply: Take several deep breaths to slow down your heart rate and reduce your anxiety.
2. Relax your muscles: Stretch your neck, stand or sit up straight, get some of the tension out of your body.
3. Make a change: Step back from what you’re doing and/or what’s stressing you; a few seconds can bring a lot of perspective.
4. Laugh: Nothing relieves the tension in your body, or your mind, like a little humor.

We all face stressful situations throughout our lives, ranging from minor annoyances like traffic jams to more serious worries, such as a loved one's grave illness. No matter what the cause, stress floods your body with hormones. Your heart pounds, your breathing speeds up, and your muscles tense.

This so-called "stress response" is a normal reaction to threatening situations, honed in our prehistory to help us survive threats like an animal attack or a flood. Today, we rarely face these physical dangers, but challenging situations in daily life can set off the stress response. We can't avoid all sources of stress in our lives, nor would we want to. But we can develop healthier ways of responding to them.

One way is to invoke the "relaxation response," through a technique first developed in the 1970s at Harvard Medical School by cardiologist Dr. Herbert Benson, editor of the Harvard Medical School Special Health Report [*Stress Management: Approaches for preventing and reducing stress.*](http://www.health.harvard.edu/mind-and-mood/stress-management-approaches-for-preventing-and-reducing-stress) The relaxation response is the opposite of the stress response. It's a state of profound rest that can be elicited in many ways. With regular practice, you create a well of calm to dip into as the need arises.

Following are six relaxation techniques that can help you evoke the relaxation response and reduce stress.

**1. Breath focus.**In this simple, powerful technique, you take long, slow, deep breaths (also known as abdominal or belly breathing). As you breathe, you gently disengage your mind from distracting thoughts and sensations. Breath focus can be especially helpful for people with eating disorders to help them focus on their bodies in a more positive way. However, this technique may not be appropriate for those with health problems that make breathing difficult, such as respiratory ailments or heart failure.

**2. Body scan.**This technique blends breath focus with progressive muscle relaxation. After a few minutes of deep breathing, you focus on one part of the body or group of muscles at a time and mentally releasing any physical tension you feel there. A body scan can help boost your awareness of the mind-body connection. If you have had a recent surgery that affects your body image or other difficulties with body image, this technique may be less helpful for you.

**3. Guided imagery.**For this technique, you conjure up soothing scenes, places, or experiences in your mind to help you relax and focus. You can find free apps and online recordings of calming scenes—just make sure to choose imagery you find soothing and that has personal significance. Guided imagery may help you reinforce a positive vision of yourself, but it can be difficult for those who have intrusive thoughts or find it hard to conjure up mental images.

**4. Mindfulness meditation.**This practice involves sitting comfortably, focusing on your breathing, and bringing your mind's attention to the present moment without drifting into concerns about the past or the future. This form of meditation has enjoyed increasing popularity in recent years. Research suggests it may be helpful for people with anxiety, depression, and pain.

**5. Yoga, tai chi, and qigong.**These three ancient arts combine rhythmic breathing with a series of postures or flowing movements. The physical aspects of these practices offer a mental focus that can help distract you from racing thoughts. They can also enhance your flexibility and balance. But if you are not normally active, have health problems, or a painful or disabling condition, these relaxation techniques might be too challenging. Check with your doctor before starting them.

**6. Repetitive prayer.**For this technique, you silently repeat a short prayer or phrase from a prayer while practicing breath focus. This method may be especially appealing if religion or spirituality is meaningful to you.

Rather than choosing just one technique, experts recommend sampling several to see which one works best for you. Try to practice for at least 20 minutes a day, although even just a few minutes can help. But the longer and the more often you practice these relaxation techniques, the greater the benefits and the more you can reduce stress.

Discussion Questions:

1. Have you tried any of these techniques in the past? What has worked for you?
2. Which techniques would you like to try? How will you go about trying them?

Homework: Practice one of the techniques we talked about in group today when you are feeling stressed. Share your experience with the group in the next session.

Lesson 6: Engaging In Recreational Activities

Learning Objectives: Learn about the impact of recreational activities on person wellness. Begin to identify areas of interest for recreation.

Supplies Needed: Recreational Interest Survey

Review Homework: Review stress reduction technique practice with the group. How did it go? Was there something else you can try to improve your experience?

The Importance of Leisure and Recreation for Health

In the 1950’s and 1960’s, activities such as horseback trail riding, skiing, snowmobiling and taking a day hike were among some of the popular choices among outdoor enthusiasts. While these are still enjoyed, people have been leaning toward less vigorous physical activities since that time, according to H. Ken Cordell of the US Forest Service. Yet incorporating physical activity into your leisure and recreation activities is an ideal way to fit more exercise into your schedule, as well as address your mental wellness.

Physical Benefits of Recreation

Taking part in recreational activities, particularly outdoors, can improve your physical wellness. In fact, people who frequently take advantage of park activities have fewer doctor visits, lower body mass indexes and lower systolic blood pressures than those who don’t, according to Dr. Laura L. Payne of the University of Illinois. A 2005 California State Parks report also highlights that outdoor recreation provides an excellent opportunity to increase exercise. It cites a 2001 study revealing that the availability of recreational facilities in a location impacts the amount of physical activity in which residents participate.

Leisure Lowers Stress and Depression

Mental wellness is an important part of your overall health and can impact your physical well-being. Participating in leisure and recreation activities can help you better manage stress and reduce depression. Leisure provides you the chance to find balance in your life; it also puts you in control of how you’re spending your time, which is an important consideration because you may feel overwhelmed by obligations. Taking part in leisure activities as a family is also beneficial for your kids because you’re modeling healthy ways to handle stress and emotions. Participating in leisure activities regularly reduces depression; in fact, just thinking about past outdoor recreation experiences can improve mood, according to the 2005 California State Parks report.

Improve Your Quality of Life

Finding balance is also a reason why leisure and recreation can enhance your quality of life. Physical recreation, in particular, is associated with improved self-esteem. In addition, you’re more likely to feel satisfied about your life when you regularly take part in recreation activities. This has significant implications for your mental health and, in turn, your physical health. In fact, 90 percent of respondents in a 2000 American Recreation Coalition study reported being satisfied with Recreation Coalition study reported being satisfied with their health and fitness. In contrast, 60 percent of those who didn’t take part in such activity reported not being satisfied with their health and fitness.

Recreational Therapy

All of these health benefits explain why recreational therapy can be such an essential part of a rehabilitation program. This type of therapy involves using various recreation or leisure activities to enhance or promote wellness. The American Therapeutic Recreation Association shines a spotlight on some of the benefits for the populations that commonly take advantage of the therapy including psychiatric patients, recovering addicts, children and seniors. Some of these benefits include faster healing from medical conditions, stress management, improved body function and better cognitive function.

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| Activity: What are Your Recreational Interests?  Supplies Needed: Recreational Interest Survey  Purpose: To explore recreational interests  Directions: Complete the recreational interest survey with participants and explore areas of interest with the rest of the group. Brainstorm ideas about how to increase community participation and interaction with others in leisure time. |

Homework: Practice getting moving! Pick one of your recreational interests and do a little research on how you can incorporate more of this into your daily routing. Share what you find with the group in the next session.

Lesson 7: Managing Physical Health

Learning Objective: Learn tips for managing physical health.

Supplies Needed: Health professionals activity handout, pens or pencils

Review Homework: What have you found when you do some research on how you can increase your recreational interests?

Having a mental health condition can make it more challenging to stay physically healthy. Some of the reasons for this are:

* The symptoms of a mental health condition can make it harder to exercise, eat well or give up smoking
* Certain medications can have side effects that cause physical health problems
* Health professions sometimes focus on a person’s mental health, rather than their physical health
* Genetic risk factors may also play a part in physical health issues

There are some things you can do to give yourself the best chance of staying physically well.

Helping Yourself

Know what to look out for

People living with a behavioral health condition (for example schizophrenia, bipolar disorder or severe depression) are more likely to have:

* Weight problems
* High blood pressure
* Heart problems
* Problems with teeth and gums
* Other long term health conditions such as diabetes and asthma

If you know what the risks are, you and your health care team can work together to help you stay as healthy as possible

Make small changes

Changing just one thing can start to improve your physical health.

Try to:

* Replace sugary drinks with plain water
* Walk when you might normally drive or catch public transportation
* Join a quit smoking program
* Eat regular meals
* Make use of the time when you feel good to cook healthy meals

Get regular physical health checks

Ask your family doctor for a physical health check if you haven’t had one in a while. You should have a physical at least once a year. At a health check your doctor may:

* Ask about your medical history
* Ask about your lifestyle (for example, if you smoke or how much exercise you do)
* Measure your weight
* Check your blood pressure
* Ask about alcohol, smoking or drug use
* Order blood tests for cholesterol or blood sugar levels
* Recommend or provide screening tests (for example a Pap smear or colonoscopy)

Get some exercise

Being active is important for staying physically health. People often find that exercise can improve their mental health symptoms.

Find a sport or activity that works for you and start slowly. If you already attend a support group, ask for ideas or support to get your own exercise group together. Be sure to always check with your doctor before starting a new exercise routine.

Eat well

Eating well is important for your energy, health and mood. Eating well means:

* Eating plenty of fruit, vegetables and legumes (beans, peas, lentils, etc.)
* Choosing whole grain bread, rice and pasta
* Cutting down on sugary drinks and food containing lots of fat, sugar and salt
* Drinking plenty of water

Look after your teeth and gums

To make sure your teeth and gums stay healthy:

* Ask your doctor about how smoking and sugary drinks can damage teeth and gums
* Ask if your medication can affect your teeth
* Brush your teeth twice a day
* Replace sugary drinks with plain water
* Have a check up with a dentist once a year

Ask about the benefits and risks of your medication

Talk to your doctor or psychiatrist about the benefits and risks of the medications you take. If you see a psychiatrist, he or she may be able to help you talk to your physician about any medication you take for your physical health. Some medications have side effects, such as weight gain or making you feel less motivated. Antipsychotics can affect blood sugar levels, cholesterol and weight. Ask if it’s possible to change medications or adjust your dose to reduce any effects on your physical health. Work with your doctors to make sure that you are on the best possible medication regimen for you!

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| Activity: How can these people help you with manage your physical health?  Supplies Needed: Health professionals activity handout  Purpose: To help participants identify various health professionals and clarify their role in maintaining good physical health  Directions: Pass out copies of the health professionals activity to participants. Read through descriptions of each person and match their role with their title. |

Encourage participants to share their experiences with any or all of the health professionals discussed today.

As we go through the rest of the curriculum, we will spend more time on how to communicate with these and others in your life. We will also provide you with skills you can use to help manage your physical health.

Lesson 8: Communication-Letting Others Know What You Need

Learning Objective: To help participants better understand areas in which they can improve their listening skills in order to improve communication.

Supplies Needed: Listening Bad Habits handout, pens or pencils

Review Homework: None

Today’s lesson is all about listening skills. It’s important to talk about listening skills in the context of communication so that we can learn how to become better listeners. In the end, if we aren’t listening, we can’t communicate with others effectively.

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| Activity: Listening Bad Habits  Supplies Needed: Listening Bad Habits handout, pens or pencils  Purpose: To help participants better understand which areas in which they can improve their listening skills. This will lead to more effective communication.  Directions: Distribute the handout to the group. Participants should check the bad habits they may be sometimes guilty of committing when communicating with others. Emphasize that most people have some problems being good listeners and these bad habits are not unusual for people to demonstrate. |

Debrief: After everyone has completed the handout, emphasize again that most people are, at least from time to time, guilty of many or most of these bad habits and consciously try to avoid making these mistakes. Tell participants not to be too hard on themselves if they check many or even all of the bad habits. It’s part of human nature. You can also ask participants to try adding other ideas about bad listening to the list.

Now that you are aware of you “bad habits” you can practice improving them. Pick one of your “habits” and make a conscious effort to stop doing that when you are communicating with someone. Once you feel comfortable, try to stop another habit. And remember, it takes lots of practice! No one is perfect and we all make mistakes sometimes. The key to effective communication is being honest with yourself and with the other person you are communicating with.

Lesson 9: Talking To Your Doctor

Learning Objective: Learn about ways of making the most of their doctor appointments. Participants will learn skills they can use to communicate effectively with their physicians.

Supplies Needed: Laptop with an internet connection, projector, and speakers

Review Homework: None

You can play an active role in your health care by talking to your doctor. Clear and honest communication between you and your physician can help you both make smart choices about your health. It’s important to be honest and upfront about your symptoms even if you feel embarrassed or shy. Have an open dialogue with your doctor-ask questions to make sure you understand your diagnosis, treatment and recovery.

Here are a few tips that can help you talk to your doctor and make the most of your appointment:

* Write down a list of questions and concerns before your appointment
* Consider bringing a close friend of family member with you for support
* Take notes about what the doctor says, or ask a friend or family member to take notes for you
* Learn how to access your medical records, so you can keep track of test results, diagnoses, treatment plans, and medications and prepare for your next appointment
* Ask for the doctor’s contact information and their preferred method of communication
* Remember that nurses and pharmacists are also good sources of information

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| Activity: Watch videos on talking to your doctor  Supplies Needed: Laptop, projector, speakers  Purpose: To start the conversation on how to talk to your doctor and to get tips on how to make the most of doctor’s appointments  Directions: Use the following three web links. Have a discussion with group members about their experiences with communicating with the doctor. Review tips for making the most of doctor’s appointments by getting and understanding information and being prepared with questions for your doctor.  <https://youtu.be/Lp4rxRTZKnA>  <https://youtu.be/LGBT7hSdQT8>  <https://youtu.be/aRpIwIQG_vc> |

Discussion Questions:

1. What has been your experience when talking to your doctor?
2. Rate your comfort level on a scale of 1 to 5 when going to the doctor (1 being most uncomfortable and 5 being the most comfortable)
3. What tips have you tried in the past to help you understanding all of the information that you have been given while at the doctor?
4. Which tips are new to you that you are willing to try?

Homework: Make a list of questions you have before your next doctor’s appointment. Be sure to write them down and bring them with you when you go. It may also be helpful for you to bring a small notebook and pen with you so that you can take notes when the doctor gives you information.

Lesson 10: Managing Medical Information and Record Keeping

Learning Objective: Learn the importance of keeping a record of their personal medical history.

Supplies Needed: My Personal Medication Record and Current Medication List (optional)

Review Homework: Has anyone tried the homework and had a doctor’s appointment? How did it go? Were you able to ask all of the questions you had?

Your doctors keep records and you need to as well. Do you know the last time you had a tetanus shot? Can you name all the doctors you’ve seen in the past five years or all the conditions you’ve been treated for? It can be difficult to remember everything about your health history. But an easy solution is available-write it all down. A written health history can improve the health care you receive and help you stay well. It’s also the best way to make your information available quickly to pass along to doctors and nurses. You can use your personal medical history to:

* Remember when it’s time for a screening or a test
* To keep track of any medications you may be on
* Keep track of who in your family had an illness or disease that could put you at risk
* To keep track of allergies, if you have any
* Recall when symptoms for an illness began, got worse or better, and ended

A health history also helps people with chronic illnesses manage their conditions better by tracking flare-ups and their possible causes. For instance, noting when you began a new medication could explain a sudden spike in blood pressure.

Many think of a medical record as something only at a doctor’s office handles. But keeping a personal health history is one of the most important steps people can take to improve the safety and quality of the health care they receive.

Having a record of your health is especially handy when you have limited time during a doctor’s visit. Information a doctor might need to diagnose and treat you will be at your fingertips. Knowing which tests and treatments you’ve already had might keep your doctor from unnecessarily repeating them. Having your own records is also helpful when you travel, or if you switch doctors and your office medical records get lost or don’t follow you to the new office. An organized document or file with your information could be critical if a friend or family member needs to assist in your medical care or make decisions on your behalf.

**What to include**

You don’t have to be an organization freak to keep health records. Nor do you need to spend countless hours of time at your desk or computer. At its simplest, your record should include:

* Your name, birth date and blood type
* Information about your allergies, including drug and food allergies, details about chronic conditions you have
* A list of all the medication you use, the dosages and how long you’ve been taking them
* The dates of your doctor’s visits
* The dates and results of tests, procedures or health screenings
* Information about any major illnesses or surgeries you’ve had

**Other useful information to include:**

* The addresses, telephone numbers and email addresses of your pharmacist and doctors
* The illnesses that have occurred in your family, such as cancer, heart disease, diabetes and mental health conditions
* The name and phone number of an emergency contact or caregiver
* The name, policy number, address and telephone number of your health insurance
* Whether or not you have an advance directive or living will, and where it is
* Any organ donor authorizations you’ve made
* Important opinions and correspondence from specialists and providers
* Your vision and dental records
* Any permission forms for release of information, operations and other medical procedures
* A history of any counseling you’ve received
* Notes about your lifestyle habits: smoking, drinking, sleep, exercise, eating (how much, how often)

**Where to write it down**

It doesn’t really matter where you keep your information so long as your record is readily accessible, portable and secure. You can add your information to a spiral of loose-leaf notebook, or a chart or spreadsheet. You can enter your information into a document stored on your computer or a USB flash drive.

If you’re new to recording your health history, start with the basics and build from there. It’s never too late to start. The next time you’re trying to remember when you had your last physical, you’ll be glad you wrote down the date.

If you have a chronic medical condition, it may be a good idea to carry the following with you at all times:

* A list of current medications and the dosage
* Medical device ID cards. If you have a pacemaker or implanted defibrillator, or other medical device, carry a copy of the identification card and any equipment information.
* Medical jewelry. Consider medical information jewelry (necklace, wrist or ankle bracelet) if you have a medical condition, like diabetes, or are on certain medications such as anticoagulants. Medical personnel are trained to look for this important information before they treat you.

|  |
| --- |
| Activity: My personal medication record  Supplies Needed: Copies of My personal medication record handout  Purpose: To review and discuss the information that can be kept in a personal health record  Directions: Review each section of the record with group participants. Remind participants that it’s ok if they don’t currently have all of this information. They can start with the information they have and add to it as they receive it. The record should be kept in a safe place and they should tell someone they trust where it is in case they need to access it. |

Homework: Work on filling out your personal health record. Keep it in a safe place where you will have access to it and update it as necessary. Encourage participants to create a list of their current medications (if they take meds) and to keep it with them at all times. A template for this can also be found in this curriculum.

Decision Making Wheel

This wheel will help you to make better choices in your life. When you have an important decision to make, start by stating the problem in the hub of the wheel. Next, move through the 9 choices, one by one. When you have a decision to make fill in the blanks.

6

More Info

1

Problem

Pron;em

9

Assess Decision

8

Decision

7

Who can help?

5

Feelings

4

Values

3

Consequences

2

Choices

Relationship Map

A Relationship Map is a way to diagram a social network and can show us why it is important to work on community connections. Here are four steps to filling it in.

1. You are in the middle

2. In the first, inner-most circle put the people you see the most frequently, love the most, and are closest to

3. In the next outer circle put people you associate with but know less well than the inner-most circle

4. In the outer-most circle put people that are acquaintances, people you might know by name but not that well.

The different titles of each section represent different life arenas through which you know people. So “Leisure-recreation” does not mean that you have recreation activities, but rather: who do you know through that recreation? If you’re on a softball team, who are the other team members, coaches, others you know? “Family” — not just your own family members, but others you know through your family — like friends of your sisters, etc.

You

Healthy Lifestyle Questionnaire

Directions: Complete the following questionnaire. Share your answers with the group. Do you want to make any changes? If so, think about who will help you to make more positive choices and changes?

Health Goals

1. Describe your major health, nutrition, and/or fitness goals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What are the two or three biggest barriers to achieving these goals?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What are the two to three greatest strengths that will help you to achieve these goals?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Please circle the phrase that best describes how ready you are to make changes to your lifestyle to achieve these goals.

Do not believe I need to change Would like to change, but don’t think I can

Will make changes soon Recently started to make changes (past 6 mos)

Would like to intensify changes Made changes, but relapsed

1. On a scale of 1-10, how important is this change to you? \_\_\_\_\_\_\_\_\_
2. How confident are you that you will achieve this change? \_\_\_\_\_\_\_\_\_

Health Information

1. How would you describe your health?

Excellent Good Fair Poor

1. When was the last time you visited your physician? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nutrition History

1. Have you ever followed a modified diet to manage a health condition?

\_\_\_\_\_Yes \_\_\_\_\_\_No

If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you follow a specialized diet (low carb, gluten-free, vegan, etc.)

\_\_\_\_\_Yes \_\_\_\_\_\_No

If yes, please describe the diet and reason for following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who purchases and prepares your food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Activity

1. Are you currently physically active? Yes No

If yes, please describe:

\_\_\_\_\_\_minutes of cardiovascular activity, \_\_\_\_\_\_ times per week

\_\_\_\_\_\_minutes of strength or resistance training, \_\_\_\_\_\_ times per week

\_\_\_\_\_\_minutes of flexibility training, \_\_\_\_\_\_\_ times per week

1. Please list your favorite physical activities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight History

1. What would you like to do with your weight? Circle one

Lose Gain Maintain

1. What was your lowest weight in the past 5 years? \_\_\_\_\_\_ Your highest? \_\_\_\_\_\_\_
2. What is your current weight? \_\_\_\_\_\_\_ Your height \_\_\_\_\_\_\_\_\_\_
3. How does stress affect your health? What do you do to help manage stress?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recreational Interest Survey

Directions: Place an “X” next to the activities that best describe your community leisure interests. Additional items may be added to the list according to your interests.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Have done in the past** | **Currently do** | **Interested in doing** |
| **Engaging in team sports** | | | |
| Basketball |  |  |  |
| Softball/Baseball |  |  |  |
| Soccer |  |  |  |
| Football |  |  |  |
| Hockey |  |  |  |
| Bowling |  |  |  |
| Volleyball |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **Engaging or observing individual sports** | | | |
| Jogging/Running |  |  |  |
| Swimming |  |  |  |
| Bike Riding |  |  |  |
| Walking |  |  |  |
| Tennis/Ping Pong |  |  |  |
| Darts |  |  |  |
| Golf |  |  |  |
| Badminton |  |  |  |
| Croquet |  |  |  |
| Bocce |  |  |  |
| Horseback Riding |  |  |  |
| Fishing |  |  |  |
| Gymnastics |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **Music** | | | |
| Singing |  |  |  |
| Playing Instrument |  |  |  |
| Attending Concerts |  |  |  |
| Listening to Radio/Stereo |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **Dance** | | | |
| Country |  |  |  |
| Folk |  |  |  |
| Square |  |  |  |
| Aerobic |  |  |  |
| Yoga |  |  |  |
| Tap/Ballet/Jazz |  |  |  |
| Rock n’ Roll |  |  |  |
| Line Dancing |  |  |  |
| **Activity** | **Have done in the past** | **Currently do** | **Interested in doing** |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **Arts and Crafts** | | | |
| Painting/Drawing |  |  |  |
| Knitting |  |  |  |
| Sewing |  |  |  |
| Crochet |  |  |  |
| Latch Hook |  |  |  |
| Embroidery |  |  |  |
| Weaving |  |  |  |
| Ceramics/Pottery |  |  |  |
| Woodworking |  |  |  |
| Jewelry Making |  |  |  |
| Baking/Cooking |  |  |  |
| Photography |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **Table Games** | | | |
| Cards |  |  |  |
| Checkers |  |  |  |
| Chess |  |  |  |
| Dominoes |  |  |  |
| Scrabble |  |  |  |
| Puzzle |  |  |  |
| Billiards |  |  |  |
| Bingo |  |  |  |
| Board Games (specify) |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **Outdoor Leisure/Social** | | | |
| Hiking/Climbing |  |  |  |
| Walking |  |  |  |
| Gardening |  |  |  |
| Camping |  |  |  |
| Barbequing/Picnics |  |  |  |
| Skiing/Sledding |  |  |  |
| Canoeing |  |  |  |
| Fishing |  |  |  |
| Roller Skating/Roller Blading |  |  |  |
| Ice Skating |  |  |  |
| Bicycling |  |  |  |
| Swimming |  |  |  |
| Boating |  |  |  |
| Lawn Games |  |  |  |
| Beach |  |  |  |
| Nature Study |  |  |  |
| Weather Observation |  |  |  |
| **Activity** | **Have done in the past** | **Currently do** | **Interested in doing** |
| Bird Watching |  |  |  |
| Amusement Parks/Fairs |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **Community Activities/Entertainment** | | | |
| Historical |  |  |  |
| Sporting Events |  |  |  |
| Shopping |  |  |  |
| Dining Out |  |  |  |
| Library |  |  |  |
| Aquarium |  |  |  |
| Museums |  |  |  |
| Concerts |  |  |  |
| Hometown Events |  |  |  |
| Recreation/Community Center |  |  |  |
| Flea Markets |  |  |  |
| Sightseeing |  |  |  |
| Parades |  |  |  |
| Video Games |  |  |  |
| Collecting (stamps, rocks, etc.) |  |  |  |
| Religious Services |  |  |  |
| Auto Racing |  |  |  |
| Boxing/Wrestling |  |  |  |
| Spectator Sports (specify) |  |  |  |
| Movies |  |  |  |
| Television |  |  |  |
| Visit/Entertain Friends/Family |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **Social Clubs/Organization** | | | |
| Cultural/Ethnic |  |  |  |
| Cooking |  |  |  |
| Card Playing |  |  |  |
| Couponing |  |  |  |
| Religious |  |  |  |
| Other (specify) |  |  |  |
| **Literacy/Continuing Education** | | | |
| Reading (books, magazines) |  |  |  |
| Computer |  |  |  |
| Letter Writing |  |  |  |
| Adult Education Classes |  |  |  |
| Computer Education |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **Volunteer Work** | | | |
| Political Campaign |  |  |  |
| Homeless Shelter |  |  |  |
| **Activity** | **Have done in the past** | **Currently do** | **Interested in doing** |
| Food Co-Op/Food Bank |  |  |  |
| Special Olympics |  |  |  |
| Nursing Homes |  |  |  |
| Recycling |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
|  |  |  |  |

Activities of Daily Living Checklist

Directions: Read through the list below. Place a check mark in the column that best describes how much help you need in each area. Once complete, add up all the columns and tally the results. Discuss your answers with the group. Get feedback from the group and talk about how and where you can get the extra help you may need to maintain your living situation and get all of your needs met.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Need No Help**  **(2 points each)** | **Need Some Help**  **(1 point each)** | **Unable to Do At All**  **(0 points each)** |
| Using the telephone |  |  |  |
| Getting to places beyond walking distance |  |  |  |
| Grocery shopping |  |  |  |
| Preparing meals |  |  |  |
| Doing housework |  |  |  |
| Doing laundry |  |  |  |
| Managing money |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total Score: \_\_\_ = | (\_\_\_ x 2 =) \_\_\_ + | (\_\_\_ x 1=) \_\_\_ + | 0 |

Listening Bad Habits

The following is a list of ten bad habits of listening. Check those listening bad habits that you are sometimes guilty of committing when communicating with others. Be honest with yourself!

|  |  |
| --- | --- |
|  | I interrupt often or try to finish the other person’s sentences. |
|  | I jump to conclusions. |
|  | I am often overly parental and answer with advice, even when not requested. |
|  | I make up my mind before I have all the information. |
|  | I am a compulsive note taker. |
|  | I don’t give any response afterward, even if I say I will. |
|  | I am impatient. |
|  | I lost my temper when hearing things I don’t agree with. |
|  | I try to change the subject to something that relates to my own experiences. |
|  | I think more about my reply while the other person is speaking than what he or she is saying. |



Health Professionals Activity

Directions: Read through each type of health professional and try to match the person with their role.

Choose from the following answers: Occupational therapist, dietician, family doctor (or general practitioner), and psychiatrist of psychiatric nurse practitioner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Provides a physical health check
* Arranges for physical health screening tests
* Refers you to other health professionals
* Plays a central role in coordinating your healthcare

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Experts in health eating and nutrition. They can develop an eating plan especially for you
* Can provide you information on healthy eating, shopping for food, and cooking

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Ask about the physical health problems that are common among people with your illness
* Any side effects of medications you are taking, and how these may affect your physical health
* Physical symptoms you have, such as weight gain, feeling unmotivated or craving junk food

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have training in both physical and mental health
* Focus is on helping you get back to daily activities such as work, exercise cooking and cleaning.

My Personal Medication Record

|  |  |
| --- | --- |
| **My Personal Medication Record** |  |

|  |  |  |
| --- | --- | --- |
| **My Personal Information** | |  |
| Name |  |  |
| Date of Birth |  |  |
| Phone Number |  |  |
| ***Emergency Contact*** | |  |
| Name |  |  |
| Relationship |  |  |
| Phone Number |  |  |
| ***Primary Care Physician*** | |  |
| Name |  |  |
| Phone Number |  |  |
| ***Pharmacy/Drugstore*** | |  |
| Pharmacist |  |  |
| Phone Number |  |  |
|  |  |  |  |
| **Other Physicians** | |  | **My Allergies** |
| Name of Physician |  |  |  |
| Specialty |  |  |  |
| Phone Number |  |  |  |
|  |  |  |  |
| Name of Physician |  |  | **My Medical Conditions** |
| Specialty |  |  |  |
| Phone Number |  |  |  |
|  |  |  |  |
| Name of Physician |  |  |  |
| Specialty |  |  |  |
| Phone Number |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **What I’m taking** | **Form** (pill, injection, liquid, patch, etc.) | **Dosage** | **How Much and When** | **Use** (regularly or occasionally) | **Start/Stop Dates** (1/5/05 - 3/5/05) (1/5/05 - ongoing) | **Notes, Directions, Reasons for Use** |
| \* Be sure to include ALL prescription drugs over-the-counter drugs, vitamins, and herbal supplements. | | | | | | | |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |

**Current Medications List**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name/Phone:** \_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Last Updated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prescription Medications:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Medication** | **Strength and Frequency** | **Condition Medication Taken For** | **Physician Who Prescribed Med** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

|  |  |
| --- | --- |
| **Allergies** | **Pharmacy/Prescription Drug Plan** |
|  |  |
|  |  |
|  |  |

Resources

Activities of daily living <http://www.acsu.buffalo.edu/~drstall/iadl.html>

Current medication list <http://www.dea.ri.gov/hottopics/Emergency%20Preparations/Current%20Medications%20List%209-08.doc>

Decision Making <https://www.mindtools.com/pages/article/newTED_00.htm>

Decision making <https://docs.education.gov.au/system/files/doc/other/thinking_wisely_-_decision_making_wheel_0.pdf>

Leisure and Recreation for Health <https://www.livestrong.com/article/1003225-recreational-activity-ideas-teens/>

Leisure Interest Survey <https://alleganyarc.org/wp-content/uploads/Interest-Survey.pdf>

Lifestyle questionnaire <https://www.acefitness.org/healthcoachresources/pdfs/0_LifestyleQuestionnaire_1.pdf>

Listening bad habits <https://www2.cortland.edu/dotAsset/c1a635f6-a099-4ede-8f15-79b86e315088.pdf>

Making time for friends and family <http://www.yourmentalhealth.ie/mind-yourself/good-mental-health/feel-well/family-friends/>

Managing physical health <https://www.yourhealthinmind.org/treatments-medication/physical-health>

Managing medical information and record keeping <https://www.aarp.org/health/doctors-hospitals/info-07-2010/why_you_should_keep_a_personal_medical_history.html>

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