

YOUR HEALTH STORY

ACTIVITY 2: MAJOR HEALTH EVENTS LIST

For the Major Health Events use point form notes. Include hospitalizations, surgeries, flares, and when and how symptoms started. Provide the date(s) they occurred and duration, care provider, location, and any treatment provided along with any complications.

NAME	
PHYSICAL & MENTAL HEALTH DIAGNOSES	
ONGOING TREATMENT	

DATE & HEALTH EVENT	TREATMENT PROVIDED (BY WHOM, WHERE)	OUTCOME (RECOVERY, COMPLICATIONS, CURRENT IMPACT)

DATE & HEALTH EVENT	TREATMENT PROVIDED (BY WHOM, WHERE)	OUTCOME (RECOVERY, COMPLICATIONS, CURRENT IMPACT)

YOUR CARE PLAN

Care Team Contact Info

ACTIVITY 1: CONNECT & COLLABORATE

PERSONAL CONTACT INFORMATION

EMERGENCY CONTACT INFORMATION

DIAGNOSES

PRIMARY CARE PROVIDER

CARE PROVIDERS

CARE PROVIDER

ROLE

CONTACT

CARE PROVIDER	ROLE	CONTACT

CURRENTLY PRESCRIBED TREATMENTS/THERAPIES

- INCLUDE MEDICAL SPECIALISTS
- INCLUDE ALLIED HEALTH PROFESSIONALS
- INCLUDE MENTAL HEALTH CLINICIANS
- INCLUDE HOLISTIC TREATMENT PROVIDERS

YOUR CARE PLAN

CURRENT TREATMENTS

ACTIVITY 2: ASPECTS OF YOUR CARE

DIAGNOSES

PRIOR SURGERIES/PROCEDURES

PREVIOUS TREATMENTS

ADVERSE REACTIONS/EVENTS

CURRENT MEDICATIONS

NAME OF MEDICATION

DOSE

DATE STARTED

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ADDITIONAL SUPPLEMENTS & THERAPIES

YOUR CARE PLAN

ACTIVITY 3: FOLLOWING YOUR CURRENT CARE PLAN

CURRENT TREATMENTS & FUNCTIONING TRACKER

Use the following chart to track your current adherence to prescribed treatments and your current level of functioning over a two-week period. Reflect on any relationship between level of functioning and adherence to the prescribed treatments.

To track your adherence, each dose of medication, each supplement, or daily therapy is worth 1 point. Give yourself a total for each day based on your unique treatment plan.

To track your functioning you can give yourself a score from 0-10 with 10 that you had no pain, fatigue nor symptoms and functioned at your best - a 10/10.

Use the scoring system so that it makes sense to you and reflects your day-to-day experience and ability.

WEEK 1	ADHERENCE	FUNCTIONING
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Week Overall		

WEEK 2	ADHERENCE	FUNCTIONING
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Week Overall		

YOUR CARE PLAN

ACTIVITY 4: CONSIDERING CHANGE

The Range of Possibilities



List potential adjustments you could make to your current lifestyle or treatment plan (after talking with your doctor) to better support your health needs at this time.

UNDERSTAND YOUR TIME

ACTIVITY 1: DAILY COMMITMENT LOG

LIST YOUR DAILY, WEEKLY & MONTHLY HEALTH COMMITMENTS:
APPOINTMENTS, THERAPY, EXERCISES, TESTS

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

WEEKLY

MONTHLY

UNDERSTAND YOUR TIME

ACTIVITY 2: ACCOUNT FOR YOUR TIME PART 1

Add up the amount of time that you spend taking care of your health and wellness. Include all the different activities from the previous page that are directly related to your treatment AND include all the other health maintenance activities like getting groceries, preparing food, and eating; taking much-needed naps, doing movement activities, preparing for health and wellness appointments. At the bottom, find the total time you spend on Health Management.

	MORNING	AFTERNOON	EVENING	TOTALS
MONDAY				Morning: Afternoon: Evening: Total Minutes:
TUESDAY				Morning: Afternoon: Evening: Total Minutes:
WEDNESDAY				Morning: Afternoon: Evening: Total Minutes:
THURSDAY				Morning: Afternoon: Evening: Total Minutes:
FRIDAY				Morning: Afternoon: Evening: Total Minutes:
WEEKENDS				Morning: Afternoon: Evening: Total Minutes:

TOTAL WEEKLY MINUTES:

UNDERSTAND YOUR TIME

ACTIVITY 2: ACCOUNT FOR YOUR TIME PART 2

List all the other commitments that you have each day, aside from your health and wellness. Everything from household management, work, family/friends to other social engagements and responsibilities. Include things like cleaning the house, doing lawn maintenance, paying bills, getting ready for work, commuting, coaching your kids soccer, meeting up with friends.

At the bottom you will have your weekly total for personal commitments.

	MORNING	AFTERNOON	EVENING	TOTALS
MONDAY				Morning: Afternoon: Evening: Total Minutes:
TUESDAY				Morning: Afternoon: Evening: Total Minutes:
WEDNESDAY				Morning: Afternoon: Evening: Total Minutes:
THURSDAY				Morning: Afternoon: Evening: Total Minutes:
FRIDAY				Morning: Afternoon: Evening: Total Minutes:
WEEKENDS				Morning: Afternoon: Evening: Total Minutes:

TOTAL WEEKLY
MINUTES:

UNDERSTAND YOUR TIME

ACTIVITY 3: REFLECT ON YOUR TIME

HOW I SPEND MY TIME

HEALTH
MANAGEMENT TIME

LIFE COMMITMENTS
TIME

TIME AVAILABLE

PROS & CONS OF HOW I SPEND MY TIME

BENEFITS OF HOW I SPEND MY
TIME NOW

COSTS OF HOW I SPEND MY
TIME NOW

DO I HAVE TIME FOR MY MOST IMPORTANT THINGS?

UNDERSTAND YOUR TIME

ACTIVITY 4: SPEND YOUR TIME



Prioritize & Schedule

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W

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F

M

T

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Th

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M

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W

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F

UNDERSTAND CHANGE

ACTIVITY 1: IDENTIFYING YOUR VALUES

KNOW YOUR WHY

Values are formed individually and in community so that each person's constellation of values - their why - is specific and unique to them. Sometimes it is difficult for people to identify their WHY but they completely understand their NOT THAT or NOT FOR ME. Reflection activities - such as meditating, journaling, talking to a counsellor or faith mentor - can help people to connect to their own values constellation. The following prompts can help you identify and clarify your values.

If your values constellation continues to be unclear, take time to practice gratitude for a week or a month and then revisit these prompts.

GROWING UP, THE QUALITIES THAT WERE EMPHASIZED BY MY FAMILY, FAITH, OR COMMUNITY:

ACTIVITIES AND INTERESTS THAT BRING ME JOY:

ISSUES THAT ARE IMPORTANT TO ME:

THE PEOPLE WHO ARE MOST IMPORTANT TO ME CAN BE DESCRIBED AS:

UNDERSTAND CHANGE

ACTIVITY 3: GRATITUDE JOURNAL

KNOW YOUR WHY

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M	
T	
W	
TH	
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S	

UNDERSTAND CHANGE

KNOW YOUR WHY

ACTIVITY 2: ALIGNING YOUR VALUES

Primary Values	Secondary Values

Prioritizing my health is tied to my personal values because:

I can prioritize my health every day by:

How I want to Navigate My Health Journey

UNDERSTAND CHANGE

KNOW YOUR HOW

ACTIVITY 4: NOTICE YOUR CHOICE POINTS

Aspects of Well-being

Treatments	Mental Health
Mindful Awareness	Nourishment
Movement	Sleep

Consider the various aspects of your care plan and how a small shift in one area can help you align with your personal values constellation so that you are better equipped to navigate your vasculitis journey.

UNDERSTAND CHANGE

KNOW YOUR HOW

ACTIVITY 5: GOAL SETTING

Setting goals can help improve your vasculitis journey.

SPECIFIC	<ul style="list-style-type: none"> • What is your goal? • Tie in your WHY. • When are you doing it (Schedule it?) 	
MEASURABLE	<ul style="list-style-type: none"> • How do you know you are working on it? • Are you tracking? • What will you celebrate? 	
ATTAINABLE	<ul style="list-style-type: none"> • How are you prepared? • What materials do you need? • Do you need support? From whom? 	
REASONABLE	<ul style="list-style-type: none"> • Do you have the time and resources to meet your goal? • Do you need to consult a professional? 	
TIMELY	<ul style="list-style-type: none"> • When will you begin? • When will you reflect and adapt if needed? • When will you celebrate? 	

UNDERSTAND CHANGE

KNOW YOUR HOW

ACTIVITY 6: ASSESS YOUR MOTIVATION

Use the following scales to see if the goal you have set for yourself is aligned to your values and reasonable, given your time and ability, and appropriate based on where you are right now in life. If you notice that any part of your motivation is lower than 3/5, consider any adjustments to increase and maintain your motivation.

MOTIVATION MEASURE

Importance of the change based on my values:

1 2 3 4 5

Confidence in my preparation for change:

1 2 3 4 5

How ready I feel to get started:

1 2 3 4 5

UNDERSTAND CHANGE

ACTIVITY 7: CRAFT YOUR DAY

KNOW YOUR HOW

TASKS FOR TODAY...

TODAY I LOOK FORWARD TO...

HOW CAN I SET MYSELF UP FOR SUCCESS TODAY?

MORNING

BEDTIME

I AM GRATEFUL FOR...

I WAS SUCCESSFUL WHEN...

THE MOST WONDERFUL THING THAT HAPPENED TODAY
WAS...

UNDERSTAND CHANGE

KNOW YOUR HOW

ACTIVITY 8: ENVISION SUCCESS

CELEBRATION PLANNER

Goal(s)	Strategy

What will you celebrate?

When will you celebrate?

How will you celebrate?

After the celebration reflection