

TAKING ON INDEPENDENCE TOOLKIT

Living Fully (and on your Own Terms)
after Brain Injury

Strategies & Resources

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How to Use this Toolkit

01

Headed Home

Perfect for when you're headed home from a rehabilitation or transition setting. Whether it's knowing what to ask for help with or what questions to ask professionals, this section is a great place to start.



Useful for families & friends, but it also could be a useful check-in for person with brain injury once they are home:

- Support with daily living.
- Support with anxiety & how to ask professional for help.

For information about services in your area, contact the Brain Injury Association of North Carolina.

02

Living Full

Daily life with a brain injury can be challenging, especially navigating with memory or planning issues.



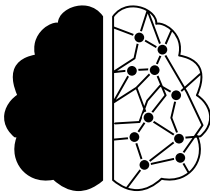
This section includes a variety of options depending on a person's needs. You should probably start with just one handout until you become accustomed with the process.

These handouts can be printed out individually, laminated (which gives the ability to write on), and cut out options gives the option to secure with Velcro and to switch out daily.

How to Use this Toolkit

03

Organize
& Thrive



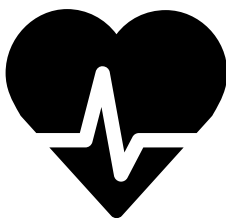
Are your cognitive skills affected? This section focuses on cognitive skill difficulty after an injury:

- Forgetting a password
- Keeping track of time or appointments
- Remembering a thought you had earlier.

This section includes cutouts, which include cues & reminders to use in conversation or in a person's living space to help with memory.

04

Take
Care



The stress and planning of doctor's appointments is one that many people put off for as long as possible.

Unfortunately, the consequences of that with a brain injury could mean living with pain, dizziness, or other issues impacting all areas of life.

This section gives you examples of tools to navigate symptom tracking, appointment scheduling, and more.

How to Use this Toolkit

If you have any questions about how to access or use this toolkit, feel free to reach out.



Email:

info@galaxybraincenter.com



Phone:

734-627-8001



Website:

galaxybraincenter.com

Have ideas for additional tools?

Need a modified version?

Interested in a paper copy to be mailed?

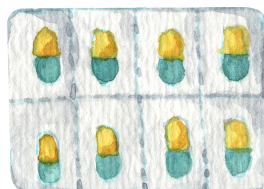
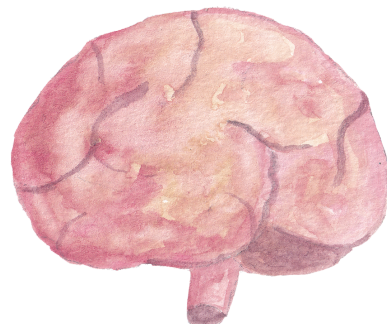
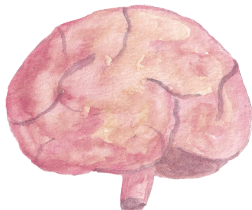
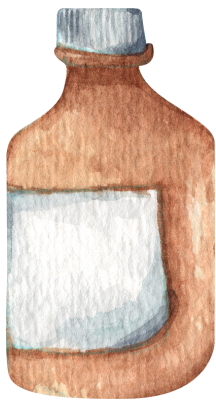
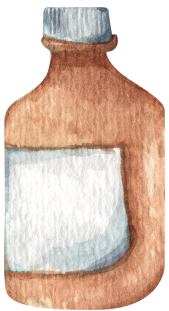
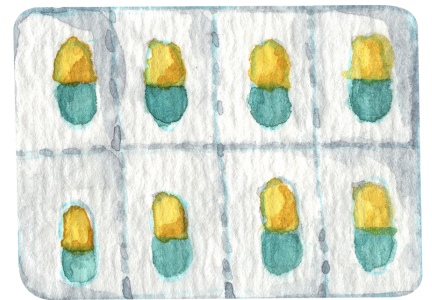
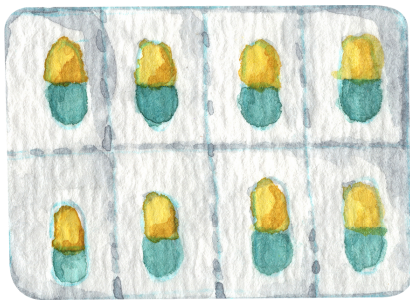
Let us know - we will try our best to support you in any way.





01

Headed Home



Headed Home:

Questions & Answers

Date:

QUESTIONS	

SPECIALIST / CONTACT INFO

ANSWERS / NOTES



Headed Home:

Task Helpers Sign up

TASK	NAMES	NUMBER/EMAIL
Outside Care		
• Taking out trash/recycling,	☐	
getting mail, outdoor	☐	
landscaping	☐	
Animal/Child Care		
• Feeding or walking	☐	
pets, watching	☐	
children	☐	
Transportation		
• Carpool/driving to	☐	
doctor,	☐	
appointments,etc.	☐	
Maintenance		
• Cooking meals,	☐	
doing the laundry,	☐	
cleaning rooms, etc.	☐	
Running errands		
• Grabbing supplies,	☐	
grocery shopping,	☐	
picking up	☐	
medications, etc.		
Companion Care		
• Going on walks or	☐	
outings, sitting,	☐	
reading, playing	☐	
cards, watch		
movies, etc.		



Headed Home:

Task Helpers Guide

TASK	SCHEDULE	NOTES



Headed Home:

Daily Activities Check-in



**NEEDS
SUPPORT**

ACTIVITY

NOTES

☐ ☐ ☐
A LITTLE SOME A LOT

Bathing

- Stamina, movement, sequencing, memory, etc.

☐ ☐ ☐
A LITTLE SOME A LOT

Dressing

- Choosing items, sequencing, movement, stamina, etc.

☐ ☐ ☐
A LITTLE SOME A LOT

Grooming

- Washing, deodorant, brushing, shaving, makeup, skin care, nails, etc.

☐ ☐ ☐
A LITTLE SOME A LOT

Oral Care

- Routine, gripping, movement, processing, sequencing, stamina, etc.

☐ ☐ ☐
A LITTLE SOME A LOT

Toileting

- Recognizing when, moving to, lowering to, keeping balance, or getting up

☐ ☐ ☐
A LITTLE SOME A LOT

Transferring

- Moving from one place to another, sit-to-stand, stand-to-sit, laying down, etc.

☐ ☐ ☐
A LITTLE SOME A LOT

Walking

- Stamina, balance, movement, strength, and coordination



Headed Home:

Daily Activities Check-in



**NEEDS
SUPPORT**

ACTIVITY

NOTES

☐ ☐ ☐
A LITTLE SOME A LOT

Climbing Stairs

- Depth perception, movement, balance, stamina, & coordination

☐ ☐ ☐
A LITTLE SOME A LOT

Shopping

- Planning, decisions, stimulation, stamina, movement, money management, etc.

☐ ☐ ☐
A LITTLE SOME A LOT

Cooking

- Planning, organizing, sequencing, movement, gripping, smell/taste, etc.

☐ ☐ ☐
A LITTLE SOME A LOT

Managing Medications

- Memory, movement, swallowing, & time management

☐ ☐ ☐
A LITTLE SOME A LOT

Uses the Phone

- Speech, memory, movement, gripping, comprehension, etc.

☐ ☐ ☐
A LITTLE SOME A LOT

Housework

- Cleaning, organizing, laundry, & maintenance

☐ ☐ ☐
A LITTLE SOME A LOT

Laundry

- Memory, movement, sequencing, organizing, etc.



Headed Home:

Daily Activities Check-in



NEEDS
SUPPORT

ACTIVITY

NOTES

☐ ☐ ☐
A SOME A
LITTLE

Driving or Using Transportation

- Vision, depth perception, memory, movement, reflexes, coordination, etc.

☐ ☐ ☐
A SOME A
LITTLE

Managing Finances

- Math, planning, organization, decisions, etc.

☐ ☐ ☐
A SOME A
LITTLE

Appointment & Meetings

- Memory, organization, planning, scheduling, etc.

☐ ☐ ☐
A SOME A
LITTLE

Dependent Care

- Holding, feeding, cleaning, compassion, walking, etc.

☐ ☐ ☐
A SOME A
LITTLE

Community Engagement

- Socializing, mobility, processing, stimulation, etc.

☐ ☐ ☐
A SOME A
LITTLE

Technology

- Processing, memory, learning, etc.

☐ ☐ ☐
A SOME A
LITTLE

Sexual functioning

- Memory, movement, sequencing, organizing, etc.



Headed Home:

Daily Activities Check-in



NEEDS
SUPPORT

ACTIVITY

NOTES

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SOME

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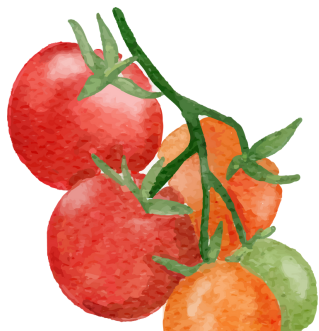
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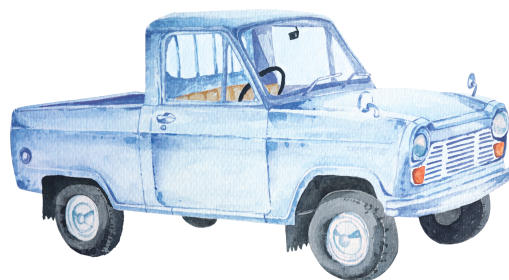




02



Living Full



Daily Planner

Su M T W Th F Sa

DATE:

what's important?

energy

(Low, Medium, High)

1

L M H

2

L M H

3

L M H

4

L M H

important reminders/appointments

what's the plan?

6:00 AM

7:00 AM

8:00 AM

9:00 AM

10:00 AM

11:00 AM

12:00 PM

1:00 PM

2:00 PM

3:00 PM

4:00 PM

5:00 PM

6:00 PM

7:00 PM

8:00 PM

what am I eating today?

breakfast

lunch

dinner

am I drinking
water?



note to self

prep for tomorrow



Today's Date is:

weekday

month & day

schedule

today's goals

You are safe,
capable, and
resilient!





JANUARY

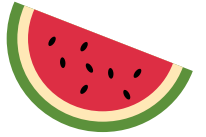


JULY

FEBRUARY



AUGUST



MARCH



SEPTEMBER

APRIL



OCTOBER



MAY



NOVEMBER

JUNE



DECEMBER



MONDAY

FRIDAY

TUESDAY

SATURDAY

WEDNESDAY

SUNDAY

THURSDAY

Daily Schedule

Su M T W Th F Sa

DATE:

MORNING



Daily Schedule

Su M T W Th F Sa

DATE:

AFTERNOON



Checklist

Su M T W Th F Sa

Task:



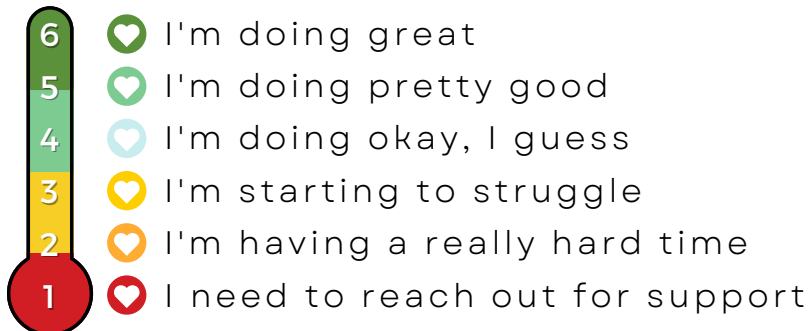
Daily Planner:

Wellness Check-In

DATE:

Su M T W Th F Sa

How are you?



The 4-7-8 breathing technique

- 4 seconds breathe in
- 7 seconds hold breath
- 8 seconds breathe out
- repeat 2-3 times

I FEEL

I NEED TO

overwhelmed -
stressed - anxious

take something off your plate, redirect restless energy (deep breaths, walk, practice coping), ground to surroundings (find 3 things you see, 2 you hear, and 1 you touch), focus on what you can control

sad - upset -
broken - hurt

take time for yourself, practice positive self-talk, find 3 things you're grateful for, meditate/pray, set a small goal for the day, journal/write/express creatively

angry - mad

remove yourself, find a positive outlet (exercise), deep breaths, listen to music, investigate underlying emotion

drained - tired

rest, take a break, recharge, don't take on demanding tasks, avoid overstimulation (dark room, low sounds, etc.)

alone

reach out for support, call a friend or relative, put yourself in social environments, read blogs/articles from peers

PHYSICAL CHECK-IN

How does your body feel?

Pain level (0-10):

Hours of sleep:

Quality of sleep (0-10):

MENTAL CHECK-IN

How does your thinking feel?

slowed

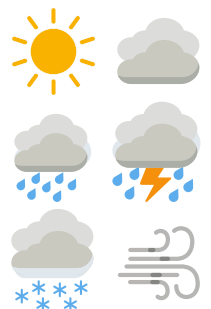
clear

foggy

other:

jumbled

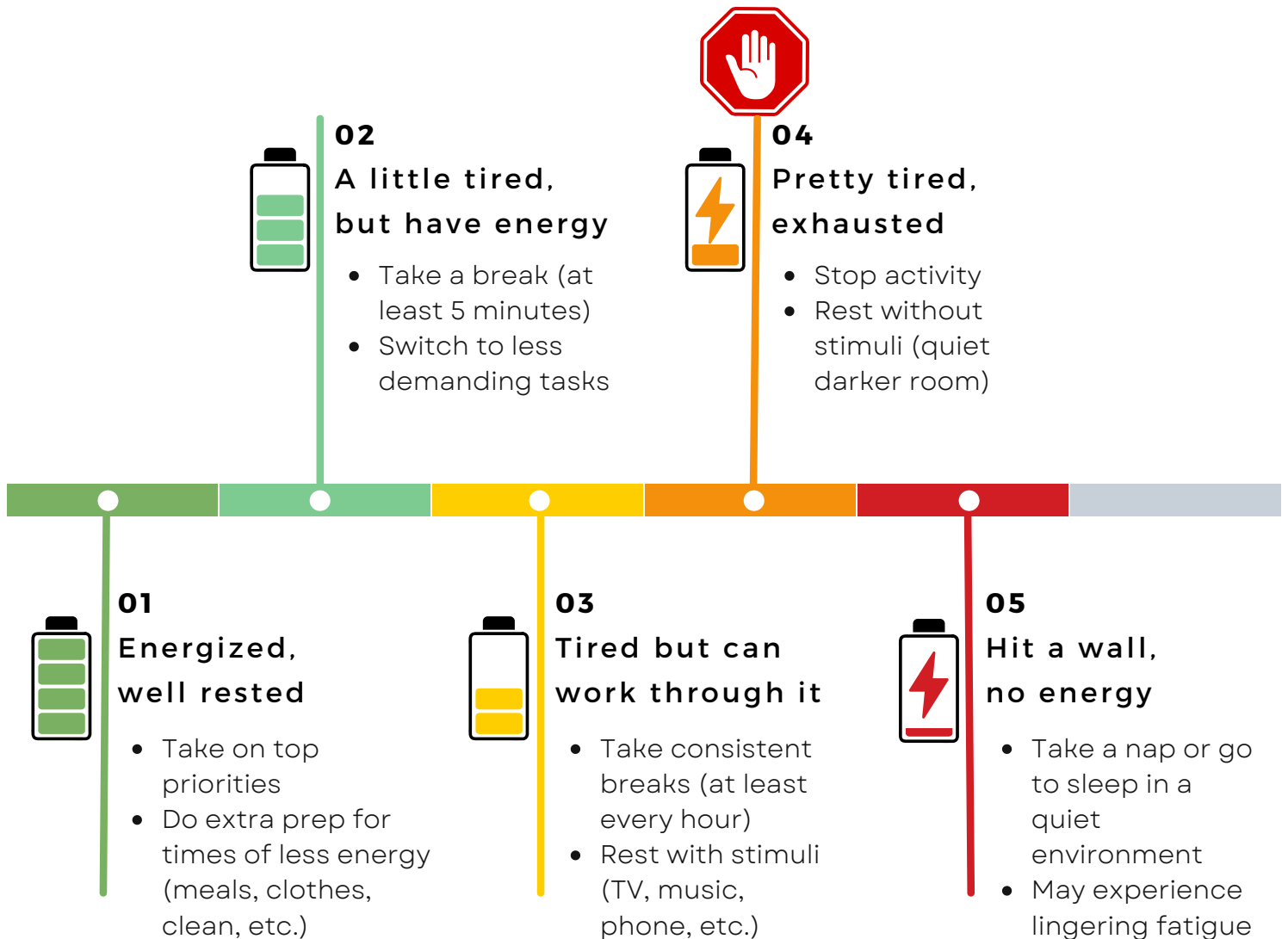
Today's Weather



Feeling Fatigued

DATE:

Su M T W Th F Sa



NOTES & SYMPTOMS



Tired & Fatigue Check-In

SYMPTOMS OF FATIGUE ✓

- | | | |
|---|--|--|
| ☐ chronic tiredness | ☐ impaired hand-to-eye coordination | ☐ reduced attention |
| ☐ sleepiness | ☐ appetite loss | ☐ slowed speech |
| ☐ headache | ☐ reduced immune system function | ☐ droopy eyes |
| ☐ dizziness | ☐ blurry vision | ☐ slowed thought processing |
| ☐ sore or aching muscles | ☐ short-term memory problems | ☐ excessive yawning |
| ☐ muscle weakness | ☐ poor concentration | ☐ trouble with balance |
| ☐ slowed reflexes and responses | ☐ | ☐ hallucinations |
| ☐ impaired decision-making and judgement | | ☐ low motivation |
| | | ☐ moodiness / irritability |
| | | ☐ |

COMMON CAUSES OF FATIGUE - AREAS TO IMPROVE ✓

- | | | |
|--|---|---|
| ☐ Lack of sleep – typically adults need about eight hours of sleep each night. | ☐ Alcohol and drugs – alcohol is a depressant drug that slows the nervous system and disturbs normal sleep patterns. Other drugs, such as cigarettes and caffeine, stimulate the nervous system and can cause insomnia. | ☐ Sleep disturbances – disturbed sleep may occur for a number of reasons (noise, lights, stress, pain, etc.). |
| ☐ Too much sleep – adults sleeping more than 11 hours per night can lead to excessive daytime sleepiness. This could also be true with too many naps during the day leading to interrupted nighttime sleep. | ☐ Poor diet – foods that are nutritionally poor don't provide the body with enough fuel or nutrients to function at its best. Quick fix foods, such as chocolate bars or caffeinated drinks, only offer a temporary energy boost that quickly wears off and worsens fatigue. | ☐ Individual factors – personal illness or injury, illnesses or injuries in the family, too many commitments or financial problems |
| ☐ Lack of regular exercise and sedentary behavior – physical activity is known to improve fitness, health and wellbeing, reduce stress, and boost energy levels. | | ☐ Damage to areas of the brain related to sleep |
| ☐ Workplace-related stress – dissatisfaction, guilt, shift-work, boredom, conflict, burnout, etc. | | ☐ Mental health challenges – depression, anxiety and stress, grief, etc. |
| | | ☐ Medication side effects |
| | | ☐ Nightmares, restless leg syndrome or sleep paralysis |



Daily Planner:

Meals & Food

DATE:

- Su
- M
- T
- W
- Th
- F
- Sa

Breakfast

Lunch

Dinner

Snack

Grocery List

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Daily Planner:

DATE:

Su M T W Th F Sa

Gratitude & Motivation

things I'm grateful for

1

2

3

4

things that make me calm/relax ✓

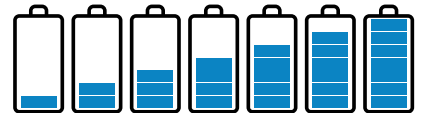


how can you treat or take care of yourself today?

how can you help others today?

what am I looking forward to?

what are my energy levels?



note to self: mantra or positive phrase

stresses to look out or prep for

how do I hope to improve 1 year from now? why am I working so hard?



Daily Planner:

DATE:

Su M T W Th F Sa

Gratitude & Motivation

things I'm grateful for

1

2

3

4

things that make me calm/relax ✓

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what am I looking forward to?

note to self: mantra or positive phrase



Gratitude & Motivation Check In

THINGS I'M GRATEFUL FOR ✓

- | | | |
|---|---|--|
| ☐ Your home | ☐ Safety | ☐ Exercise |
| ☐ Your family | ☐ Freedom | ☐ A great book |
| ☐ Your friends | ☐ Sunshine / weather | ☐ When you finish something |
| ☐ Your kid(s) | ☐ Planet Earth | ☐ Making someone else feel good |
| ☐ Your relationship | ☐ Education | ☐ Learning from mistakes |
| ☐ Your pet / animals | ☐ Clothing | ☐ Negative emotions / |
| ☐ Your health / medicine | ☐ Electricity | ☐ Heartbreak and loss |
| ☐ Food | ☐ Clean water | ☐ Life's challenges & experiences |
| ☐ Growth | ☐ Sunday mornings | ☐ Events to look forward to |
| ☐ The kindness of others | ☐ Long weekends | |
| ☐ Heating and cooling | ☐ A good cry | |

CALM/RELAXERS ✓

- | | | |
|---|---|--|
| ☐ Yoga / exercise / stretch | ☐ Spend time with pet(s) / animals | ☐ Try / learn something new |
| ☐ Listening to music / sound | ☐ Sing / dance | ☐ Reduce technology |
| ☐ Meditation / Mindfulness | ☐ Eat healthy snack | ☐ Go shopping |
| ☐ Breathing exercises | ☐ Watch a familiar video | ☐ Go on a hike |
| ☐ Painting / drawing / color | ☐ Aromatherapy | ☐ Go through old photos |
| ☐ Go for a walk | ☐ Listen to a calming or funny podcast | ☐ Stargazing |
| ☐ Be in / around nature | ☐ Keep a routine | ☐ Smell flowers |
| ☐ Take a cold / hot shower | ☐ Go on a drive | ☐ Gardening |
| ☐ Play a game / puzzle | ☐ Change environment | ☐ Be around water |
| ☐ Create something | | ☐ Drumming |
| ☐ Write / journal | | ☐ Donate / clean / organize |

POSITIVE PHRASES ✓

- | | | |
|---|--|--|
| ☐ I am safe | ☐ I believe in the good things coming | ☐ I'm getting stronger every day |
| ☐ I am worthy | ☐ I don't need to hold myself to other's expectations | ☐ I can do this |
| ☐ I am capable | ☐ I no longer allow fear to rule me | ☐ No one can make me feel less than |
| ☐ I have and can overcome | ☐ Everything will work out | ☐ I can inspire others |
| ☐ I am in control | ☐ I have faith in me | ☐ Progress over perfection |
| ☐ I will not compare myself to strangers on the Internet | ☐ My strength is greater than my struggle | ☐ I am confident in my skills |
| ☐ I have the power to create change | | ☐ Smart people ask questions |
| ☐ I am resilient and can get through anything | | ☐ I believe in the person I dream of becoming |



Daily Planner:

DATE:

Su M T W Th F Sa

Stressors & Signs

things that stress me out, make me mad, or overwhelm me

1

2

3

4

things that distract me, make me calm/relax, or help me feel safe ✓

_____	○ ○ ○ ○
_____	○ ○ ○ ○
_____	○ ○ ○ ○
_____	○ ○ ○ ○
_____	○ ○ ○ ○

behavior or response I want to work on or avoid ✓

_____	○ ○ ○ ○
_____	○ ○ ○ ○
_____	○ ○ ○ ○
_____	○ ○ ○ ○
_____	○ ○ ○ ○

signs or ways I start to notice I'm not feeling okay

people to reach out to or other resources available:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Stressors & Signs Check In

COMMON STRESSES ✓

- | | | |
|---|--|--|
| ☐ Being asked to do something they don't want to do | ☐ Irregular sleep schedule | ☐ Change of medication/side effects of medication |
| ☐ Being told to begin/ stop a task | ☐ Anxiety, depression, or other mental health concern | ☐ Attention to others |
| ☐ Moving between or changing activities (without preparation or warning) | ☐ Noise level (e.g., echoing and shouting) | ☐ Change in living situation/ roommate |
| ☐ Pain or discomfort | ☐ Lighting (e.g., fluorescent lights that are aggravating or overstimulating) | ☐ Unwanted peer/ staff attention, comments, or interactions |
| ☐ Fatigue or exhaustion | | ☐ Tasks are too hard (feel stupid or dumb) |

WARNING SIGNS ✓

- | | | |
|--|--|---|
| ☐ Eating or sleeping too much or too little | ☐ Excessive smoking, drinking, or using drugs, including prescription medications | ☐ Disruptive or bizarre conduct |
| ☐ Pulling away from people and things | ☐ Worrying a lot of the time; feeling guilty but not sure why | ☐ Extreme and inappropriate reactions or responses |
| ☐ Having low or no energy | ☐ Thinking of hurting or killing yourself or someone else | ☐ Blushing/flushed face |
| ☐ Having unexplained aches and pains | ☐ Blurry or change in vision | ☐ Clenching fists |
| ☐ Feeling helpless or hopeless | | ☐ Pacing |
| ☐ Feeling restless or fidgety | | ☐ Louder voice or yelling |
| ☐ | | ☐ Withdrawing/becoming quiet |
| ☐ | | ☐ Feeling pins and needles |

CALM/RELAXERS ✓

- | | | |
|---|---|--|
| ☐ Yoga / exercise / stretch | ☐ Spend time with pet(s) / animals | ☐ Try / learn something new |
| ☐ Listening to music / sound | ☐ Sing / dance | ☐ Reduce technology |
| ☐ Meditation / Mindfulness | ☐ Eat healthy snack | ☐ Go shopping |
| ☐ Breathing exercises | ☐ Watch a familiar video | ☐ Go on a hike |
| ☐ Painting / drawing / color | ☐ Aromatherapy | ☐ Go through old photos |
| ☐ Go for a walk | ☐ Listen to a calming or funny podcast | ☐ Stargazing |
| ☐ Be in / around nature | ☐ Keep a routine | ☐ Smell flowers |
| ☐ Take a cold / hot shower | ☐ Go on a drive | ☐ Gardening |
| ☐ Play a game / puzzle | ☐ Change environment | ☐ Be around water |
| ☐ Create something | | ☐ Drumming |
| ☐ Write / journal | | ☐ Donate / clean / organize |



Daily Planner:

DATE:

Su M T W Th F Sa

Unmet Needs & Functions of Behavior

In your own words, describe the behavior

Why is it important to adjust this behavior for yourself or others? How were you feeling?

What happened right before this behavior? What were your surroundings like?

What do you wish you could communicate to those around you?

What could you do differently next time?



Unmet Needs & Functions of Behavior Examples

Understanding your behavior after brain injury is like being a detective. You can use clues to understand not just the behavior (or the resulting action), but the surrounding circumstances (people, environment, etc.) and the possible function of the behavior - what were you trying to achieve or communicate to others. This detective work can help you to address unwanted behaviors quickly or even stop them from starting.



Security & Safety

- Fear based, danger, unknown
- Prefer similar environments and schedules
- Prepare with transition time, agendas, and specific expectations



Meaningful Activity

- Boredom and sensory deprivation
- Want for goals, growth, and purposeful tasks
- Seek out volunteer, advocacy, or job opportunities



Well-being

- Physical & Mental health, pain, stress, discomfort, hunger, tired
- Need for relaxation and stress-relieving activities
- Seek out medication, counseling, or health management programs



Autonomy & Power

- Desire for control and independence
- Prefer to be involved in planning, asked questions & opinions
- Give specific responsibilities to take ownership of or work towards



Social Connection

- Lonely, isolation, restless
- Prefer to be in social interactions or settings
- Seek out support or recreation groups
- Online blogging, writing, or groups may help feel connected



Emotional Regulation

- Fear, sad, anger, nervous, frustrated, confused, surprised, embarrassed
- Can present as negative behavior
- Validate and impact the emotion (not reacting or shaming the behavior)



Weekly Planner

MONTH:

DATES:

What's important?

energy

(Low, Medium, High)

1

L M H

2

L M H

3

L M H

4

L M H

Important reminders/appointments

What's the plan?

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

What are my goals?

Track my habits ✓

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Prep for next week



Weekly Planner

MONTH:

DATES:

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY



Weekly Planner:

Habit/Chore Tracker

DATES:

GOAL	TIME	M	T	W	Th	F	Sa	Su	
		☐	☐	☐	☐	☐	☐	☐	✓
		☐	☐	☐	☐	☐	☐	☐	✓
		☐	☐	☐	☐	☐	☐	☐	✓
		☐	☐	☐	☐	☐	☐	☐	✓
		☐	☐	☐	☐	☐	☐	☐	✓
		☐	☐	☐	☐	☐	☐	☐	✓
		☐	☐	☐	☐	☐	☐	☐	✓

WHAT WORKED OR SUCCESSES

TO IMPROVE ON OR TO ASK FOR HELP WITH



Weekly Planner:

Meal Planner

DATES:

medications **dosage**
(with food or around meals)

_____	_____
_____	_____
_____	_____

breakfast

lunch

dinner

MONDAY



before /
after

breakfast
lunch
dinner

✓ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H

TUESDAY



before /
after

breakfast
lunch
dinner

✓ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H

WEDNESDAY



before /
after

breakfast
lunch
dinner

✓ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H

THURSDAY



before /
after

breakfast
lunch
dinner

✓ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H

FRIDAY



before /
after

breakfast
lunch
dinner

✓ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H

SATURDAY



before /
after

breakfast
lunch
dinner

✓ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H

SUNDAY



before /
after

breakfast
lunch
dinner

✓ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H

prep ahead?

Y N

energy tax?

L M H



Weekly Planner:

Meal Planner

Week of:

Monday

BREAKFAST

LUNCH

DINNER

SNACK

Tuesday

BREAKFAST

LUNCH

DINNER

SNACK

Wednesday

BREAKFAST

LUNCH

DINNER

SNACK

Thursday

BREAKFAST

LUNCH

DINNER

SNACK

Friday

BREAKFAST

LUNCH

DINNER

SNACK

Saturday

BREAKFAST

LUNCH

DINNER

SNACK

Sunday

BREAKFAST

LUNCH

DINNER

SNACK

NOTES



Weekly Planner:

Medication Tracker

DATES:

	MEDICINE NAME	DOSE	TIME	M	T	W	Th	F	Sa	Su
1			AM PM W/FOOD	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
2			AM PM W/FOOD	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
3			AM PM W/FOOD	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
4			AM PM W/FOOD	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
5			AM PM W/FOOD	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐

CHANGE OR NEW SYMPTOMS

DATE/TIME



Weekly Planner:

Medication Tracker

DATES:

	MEDICINE NAME	DOSE	TIME	M	T	W	Th	F	Sa	Su
6			AM PM W/FOOD	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
7			AM PM W/FOOD	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
8			AM PM W/FOOD	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
9			AM PM W/FOOD	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
10			AM PM W/FOOD	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐

CHANGE OR NEW SYMPTOMS

DATE/TIME



Monthly Planner

MONTH:

YEAR:

what's important?

energy

(Low, Medium, High)

1

L

M

H

2

L

M

H

3

L

M

H

4

L

M

H

important reminders/appointments

PHYSICAL

MENTAL

SPIRITUAL

FINANCIAL

what are my goals?

✓ progress

○○○○○○○○

○○○○○○○○

○○○○○○○○

○○○○○○○○

○○○○○○○○

first steps - to do's

stresses to look out or prep for

prep for next month

my vision board: where do I want to be?



Monthly Planner

YEAR:

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

NOTES



Monthly Planner

YEAR:

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

NOTES





take a
shower



take
medicine



get
dressed



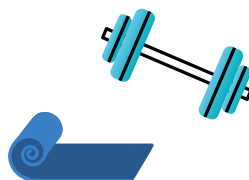
make
phone call



prepare/
cook food



feed
animal(s)



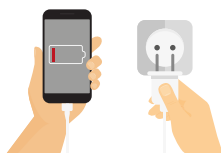
exercise



rehab
therapy



appointment/
meeting



charge
phone



watch TV



play
games



go
shopping



go on a
walk/run



clean up



take out
trash



care for
animal(s)



read



practice
skill



hobby



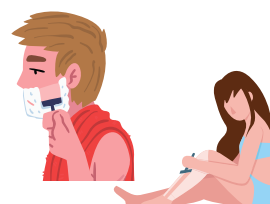
wash face



brush teeth



comb/
style hair



shave



get
organized



meditate/
relax



take a
break



take a nap



check
emails



pay bills



clean
dishes



put away
dishes



volunteer/
go to work



put on
makeup



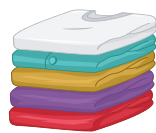
put on
deodorant



make the
bed



wash/dry
laundry



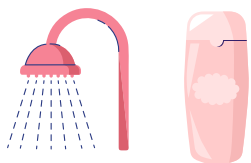
fold
laundry



put away
laundry



use
shampoo



use
conditioner



wash body



put on socks/
shoes



put on
jacket



check the
weather



listen to
music



plan meals &
shopping list



watch a
movie



pick up
medicine



refill
prescription



take child to
school/ daycare



pick up
food



order food



go to
doctor



take notes



computer
time



go to the
bathroom



wash hands



put on
moisturizer /
sunscreen



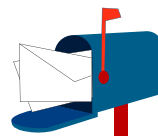
paint nails/
get nails done



meet with
friends



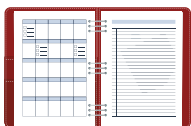
go to
restaurant



check the
mail



landscaping/
mow



make
schedule



update
calendar



drink water



wake up



go to sleep



water
plants



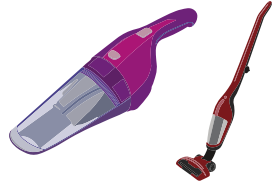
set the
table



dust



sweep/ mop



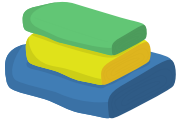
vacuum



take out
recycling



put groceries
away



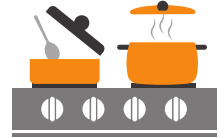
wash towels/
blankets/
linens



clean
microwave



clean stove



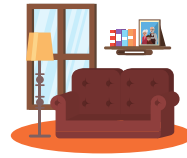
turn off
stove



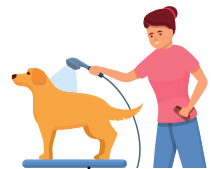
clean
bathroom



clean
bedroom



clean living
room



clean
animal(s)



prepare
medicine



clean out
purse/ wallet



text
message



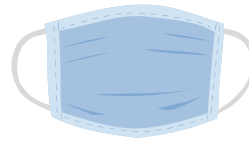
check/post to
social media



grocery
shopping



comb
beard



put on
mask



grab
umbrella



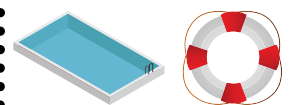
order
groceries



gardening
/ planting



use hand
sanitizer



swim/ go to
the water



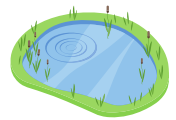
therapy



go to the
bank



go to the
park



go to the
lake/ beach



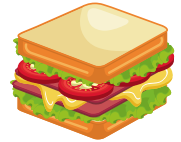
go to the
mountains



put on
hat/scarf



eat
breakfast



eat lunch



eat snack



eat dinner



eat dessert



study/
homework



watch
videos



listen to
podcast



play with
animal(s)



get in the
car/ drive



yoga/ tai chi



practice
gratitude



take the bus



request a
ride share



draw/
paint/ color



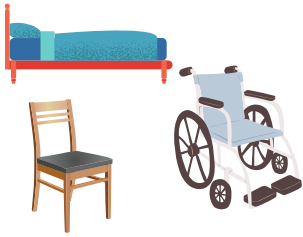
set
reminder



wash car



get gas/
charge car



transfer



ask for help



clean/ change
tube(s)



get
wheelchair/
walker



sit/ lay down



turn on/ off
the lights



grab keys/
wallet



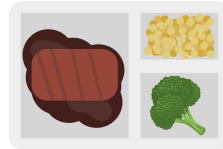
read/
organize mail



prep clothes
ahead of time



set alarm



prep food
ahead of time



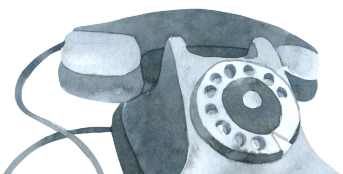
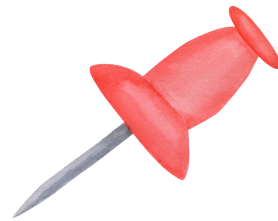
pack for
trip



03



Organize to Thrive



Password Tracker

Website	User Name	Password



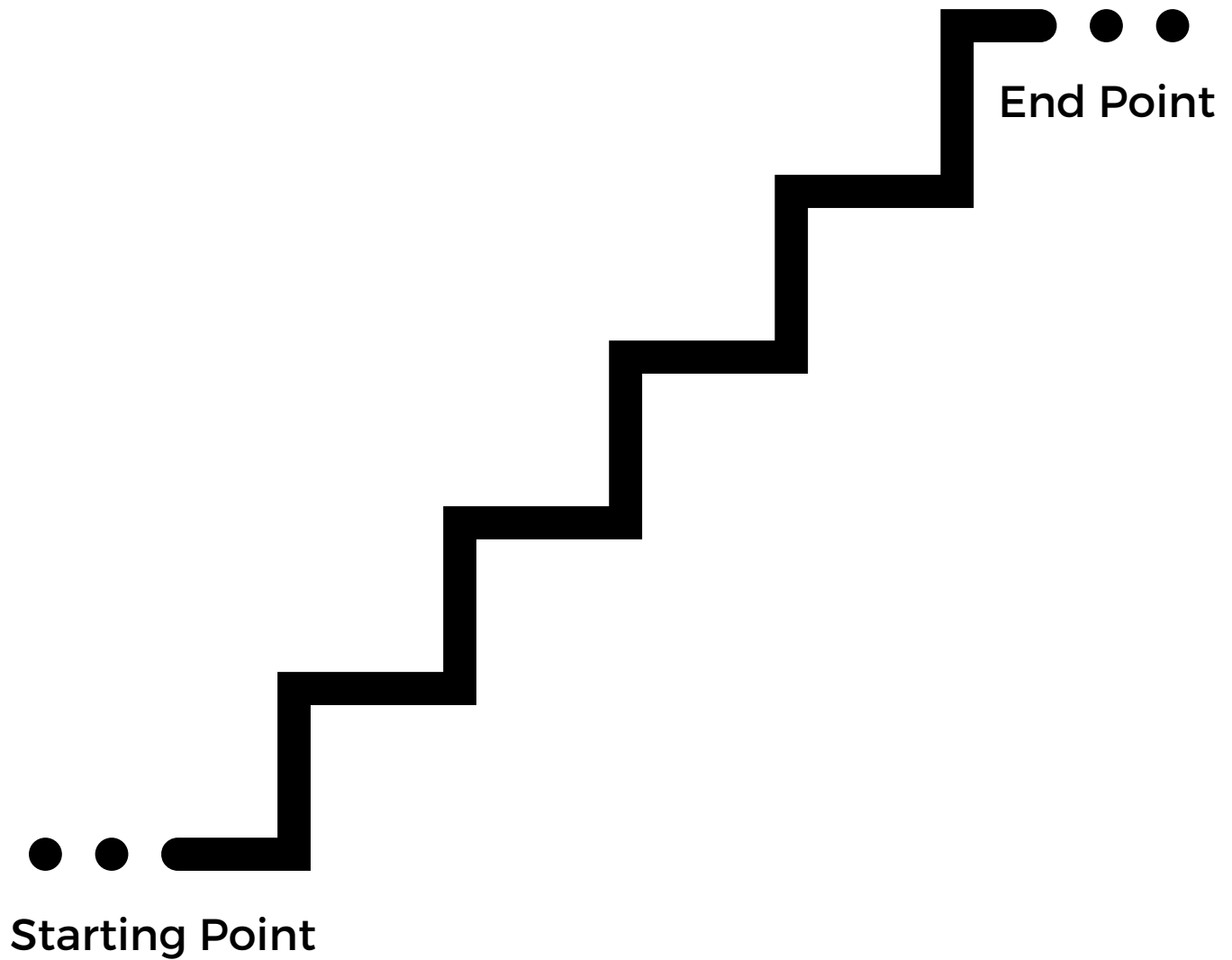
Steps Break Down

Task:

✓	Steps to do	Notes
☐		
☐		
☐		
☐		
☐		
☐		
☐		



Steps/Goal Break Down



resources to reach goal/task

areas to work on or improve



To-Do List

✓ To do now	✓ To do later
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐



To-Do List

 To do now	Energy Rating 1 = low, 10 high	Priority Rating 1 = not, 10 important
☐		
☐		
☐		
☐		
☐		
☐		



Brain Dump

DATE:
TIME:

RIGHT NOW

TOMORROW

LATER

NOTES



Phone Call/Meeting Log

DATE:
TIME:

NOTES

THEIR CONTACT INFO

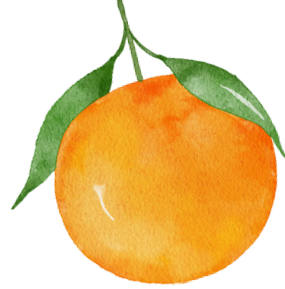
NEXT STEPS

IMPORTANT DATES

MY CONTACT INFO



Grocery Planner



PRODUCE

CANNED GOODS

BEVERAGES

BREADS & GRAINS

FROZEN FOODS

DAIRY

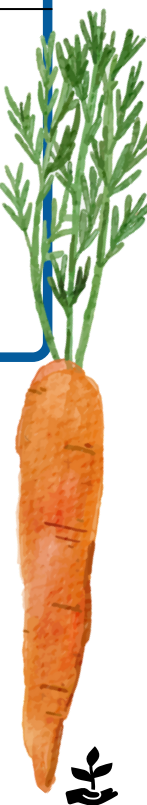
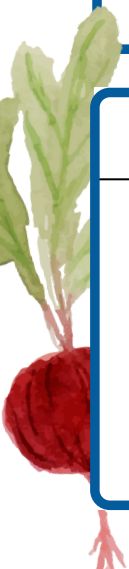
BAKING/SPICES

MEAT/PROTEIN

CONDIMENTS

FOR THE HOME

Notes:



Car / Travel Checklist



destination / address

parking info/landmarks

IN THE HOUSE

- ☐ How are you feeling? Do not drive impaired
- ☐ Search the address & traffic conditions
- ☐ Check the weather and dress accordingly
- ☐ Grab your keys, wallet, and important items
- ☐ Turn off the lights and other electronics
 - Check stove, coffee maker, washer/dryer, iron, hair styling tools, television, animal welfare, etc.
 - Close windows, doors, etc.
- ☐ Lock the doors

IN THE CAR

- ☐ Do you have enough gas/charge?
- ☐ Adjust seat, mirrors, etc.
- ☐ Buckle seatbelt (make sure all passengers are buckled as well)

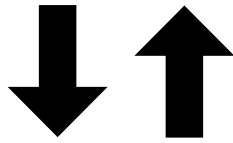


Using Public Transport



Starting place / address

Parking info/landmarks



Destination/ address

Parking info/landmarks

Transport being used

1

2

3

4

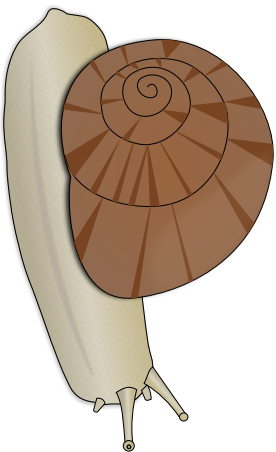
What time do I need to arrive?

What time do I need to leave?

Contact information for transport

Notes / comments





Slow
Down



Ask a
Question



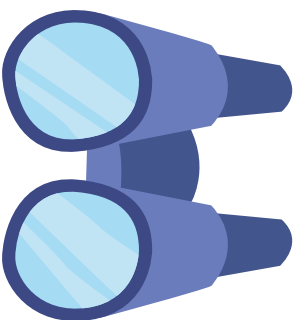
Wait



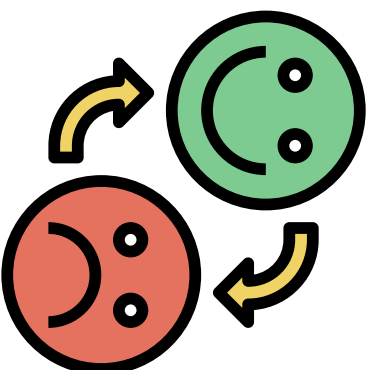
Off-Topic



Take a
Breath



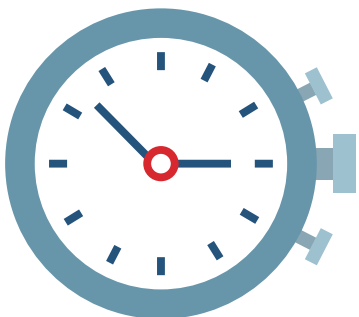
Check
Cues



Check
Emotion



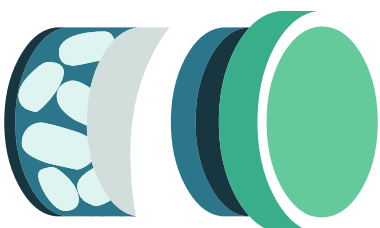
Give
Space



Set a
Timer



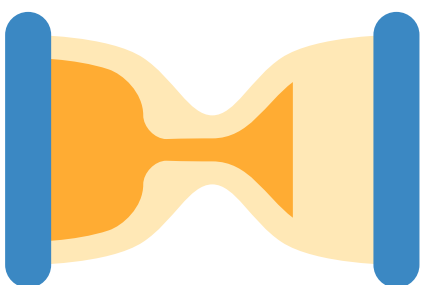
Check
Phone



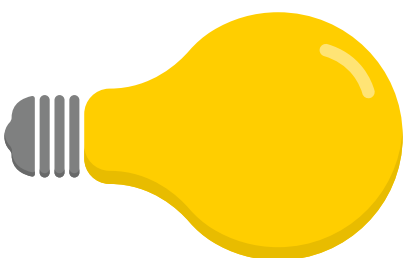
Take
Medication



Shut the
Door



Take a
Break



Turn Off
Lights



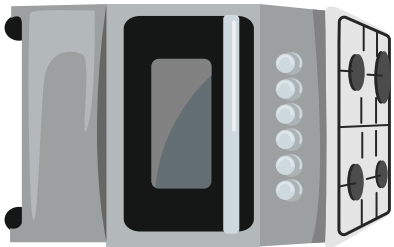
Check
Wallet/Keys



Take
Notes



Wash Your
Hands



Turn Off
Stove



Brush your
Teeth



Get the
Laundry



04

Take Care of Health



Health Planner:

Symptom Tracker

DATE:

DESCRIPTION	DATE	TIME	DURATION

CHANGES IN ROUTINE, MEDS, ETC.

QUESTIONS OR CONCERNS

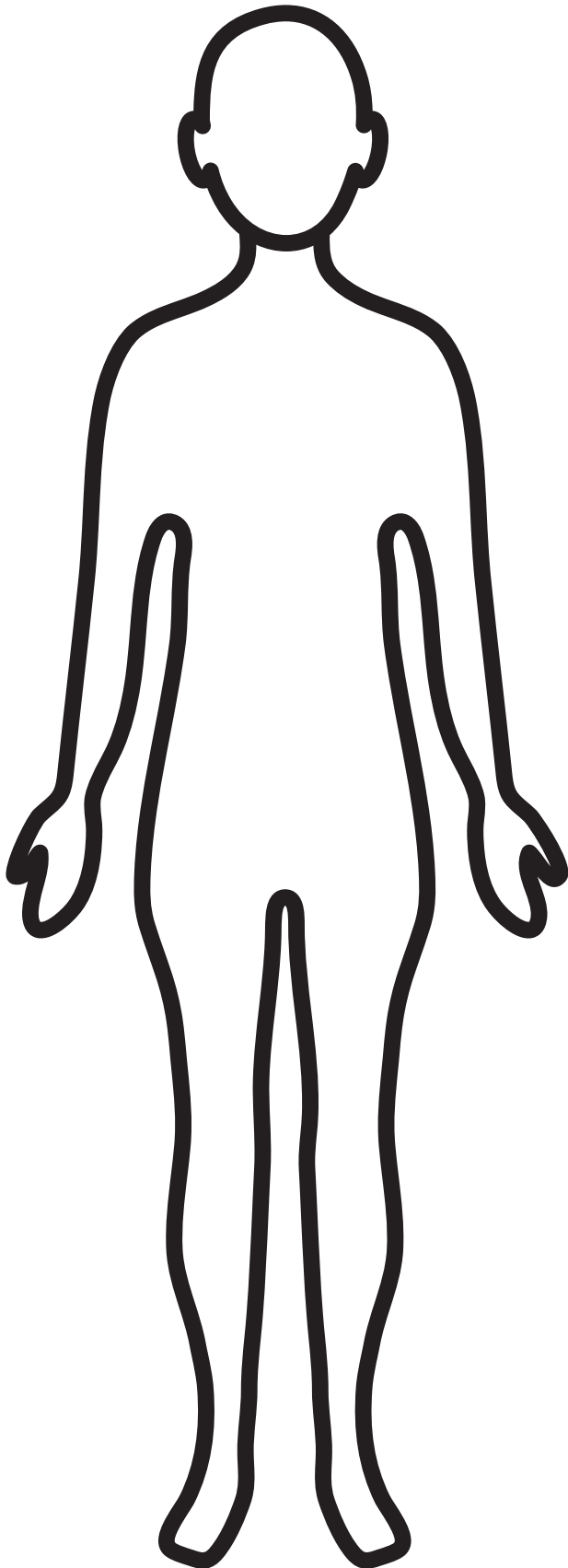
NEXT APPOINTMENT

DOCTOR CONTACT INFO



Symptom Tracker

DATE:

☐

Front

☐

Back

DESCRIPTION

DATE, TIME, & DURATION



Making an Appointment

DOCTOR'S NAME

SPECIALTY

CONTACT NUMBER

"Hello, my name is _____. I'd like to schedule an appointment with Dr. _____."

REASON FOR APPOINTMENT

INSURANCE INFO

PROVIDER

MEMBER ID

GROUP

MY CONTACT INFO

NOTES

ADDRESS

DATE OF BIRTH

PHONE NUMBER

DATE OF APPOINTMENT

TIME OF APPOINTMENT

✓ ☐ Put these details with a reminder in your phone or planner



Health Planner:

MONTH:

YEAR:

Appointment Tracker

[illegible]

Health Planner:

DATE:

TIME:

Appointment Summary

DOCTOR'S NAME

CONTACT NUMBER

SPECIALTY

"Hello, my name is _____. I have an appointment with Dr. _____."

REASON FOR APPOINTMENT

MAIN QUESTIONS

MY CONTACT INFO

NOTES / NEXT STEPS

ADDRESS

DATE OF BIRTH

PHONE NUMBER

NEXT APPOINTMENT



Ask for a written summary, if available, to keep for your records.



Put the next appointment information in your calendar.



Health Planner:

Medication Summary



DATE

MEDICATION	DOSE	TIME GIVEN	NOTES

REACTIONS (IF ANY)

