Mywell Health

My Day to Day

Whether you are 65 or 80, staying active and connected to people is a vital part of aging well. Completing this section of your Mywell Health planner gives you an opportunity to think about and record your daily activities, preferences, and routines. Take a moment to reflect on your typical day, what you like to do to stay physically active, socially connected to others, and emotionally well. If you are living with a chronic health condition, consider your specific needs and how services and support from others can contribute to your well-being.

MywellHealth.info

Write your full name & date completed/updated here: (It will automatically appear on every page)

Activities

Active Living & Staying Connected	Explore ways to stay active and connected to others.
Transportation & Getting Around	Learn about your options as your needs change.
Planning for Nutrition & Meal Support	Explore ways to ensure you have a healthy diet.
My Daily Activities & Personal Needs	Think about your daily activities and where you might need help.
Medications & Other Daily Records	Explore ways to keep track of your medications and health

Resource Kit

Click the underlined words in each activity to explore the online <u>resource kit</u>. The resource kit provides definitions, educational materials, links to websites, videos, and more!

Medical Emergency

If you have a medical emergency call 911. Do NOT use the planner or website for medical emergencies. If you have a medical concern, call your physician or a health care professional.

The general information provided on the website and planner is for informational purposes only and is not professional medical advice. Please read the <u>Terms of Use</u>.

Active Living & Staying Connected

Active living is an important part of aging well. It means being physically, socially and mentally active. Maintaining social connections are particularly important as it helps prevent isolation, which can contribute to feelings of anxiety, confusion, and depression. Social connections with others can improve your physical and emotional health and reduce stress. Facing physical changes, giving up your driver's license, or experiencing the loss of loved ones, can make staying active and connected challenging. Explore activities you enjoy or wish to keep doing, find suitable locations for these activities, and find ways to stay connected to others.

Tip: This is an activity you might want to complete with a family member or a friend. The <u>resource kit</u> has a variety of ideas, suggestions, and programs to explore and discuss.

My Activity Wish List	My Activity Wish List				
Search the <u>resource kit</u> for ideas,	programs, and services. Write down your findings.				
At Home What indoor activities do you enjoy?					
What outdoor activities do you like to engage in within your property or neighborhood?					
Which days of the week and times of the day do you prefer to be active?					
Mobility and Transportation Do you have a daily exercise routine? Walking, exercises, gym, classes, other?					
Does <u>chronic pain</u> impact your interest and ability to engage in physical activities?					
Do you have any mobility concerns that limit your activities?					
Do you need to explore transportation options to reach your desired activities? Consider how your care partners can help.					

My Activity Wish List Co	ntinued.	
Social Connections Are there specific times during day when you prefer to be all the Are there times when you are lonely and would like to conswith others? What ways can you stay conswith others, such as phone of computer communication, of person visits?	one? nect nected calls,	
Be Part of a Community		
Are you part of a group or do attend a seniors' center?	you	
Are you involved in cultural of spiritual gatherings?	or	
Are you open to exploring new options, such as joining a seniors' centre for activities and/or day programs?		
Is there a friend or neighbor who might join you in your activities?		
Are you interested in helping others through volunteering or community engagement?		
My Activity Goal Sheet		
Make a list of goals for ea	ch categ	ory. Include days of the week and length of time. Update regularly
My Physical Activity Goals		
My Mental Health Activity Goals		
My Social Activity Goals		

Transportation & Getting Around

Changes in your health, medications, or hospitalizations can impact your ability to drive. Your family, friends, physician, or nurse practitioner may suggest you have a driving assessment, which can be a challenging topic for you and your loved ones. However, prioritizing safety for yourself and others is crucial. If things change for you, it is important to consider alternate transportation options and how your care partners can help.

Tip: Learn about your options for <u>transportation</u> and <u>special parking permits</u>, even if only for a short time. Services may vary in different communities. Make a list of your care partners who can assist with driving,

Learn about Transportation Programs & Services in BC	
Check out these programs & services in the resource kit.	Check Box
Driving Assessment	
Did you know that in BC, it is a requirement to have a 'Driver's Medical Examination' completed by your <u>physician</u> or <u>nurse practitioner</u> at 80 and 85 years of age and every 2 years thereafter? Learn more about a <u>driving assessment</u> in the resource kit.	
<u>Compass Card</u>	
Learn about special <u>transportation</u> programs for seniors.	
Travel Assistance Program (TAP)	
Learn about the special fare refunds for travel to <u>specialist</u> appointments, tests, or surgeries outside of your community. It is important to call (TAPs BC) before your appointment and obtain a confirmation number. Keep all your receipts to get your refund.	
Transportation Option for Seniors	
Learn more about 'transportation options for seniors' throughout BC. The services provided will be different depending on your location.	
HandyDART Registration Explore how HandyDART can be used to get you to appointments and day programs.	
Special Parking Permit	
Did you know that if you have difficulty walking or other restrictions like shortness of breath or dizziness, you may qualify for a <u>specal parking permit</u> (from SPARC)? Available with a physician's referral in the application form for a short term of 3 months or longer.	

Planning for Nutrition & Meal Support

As we age, it is common for our food choices, portion sizes, and mealtimes to change. Are you having difficulty preparing food and meals because of health or physical changes? Sometimes the loss of a partner, especially one that is responsible for all the cooking, can impact how you get your meals. <u>Safety concerns</u>, like using the stove or oven or moving around the kitchen, may become an issue. If you are experiencing these changes, complete this activity to explore ways to ensure you get the nutrition you need.

Tip: Start by identifying what you need help with and where you can get assistance. Add your favorite recipes and information on <u>meal support</u> services to this section in your <u>Mywell Health planner</u> binder. Check out the resource kit for ideas and suggestions..

Exploring My Nutrition Questions

Search the resource kit and find ways to get assistance. Write down your choices.

Favorite Meals & Snacks

What are your favorite meals for breakfast, lunch, and dinner? What snacks do you like? What beverages do you enjoy?

Are you currently taking vitamins, herbs, or supplements? Make sure they are listed on your medication list in your health profile.

How many glasses of water do you drink each day? Do you have fluid intake restrictions?

Food <u>Allergies</u> and Sensitivities

Are there any foods you are allergic or sensitive to?

Ensure these items are listed in your health profile.

Do you need to avoid or limit foods or spices due to your medications? List them here.

Exploring My Nutrition Questions	Exploring My Nutrition Questions (2)			
Search the resource kit and find v	vays to get assistance. Write down your choices.			
Grocery Shopping				
Who does your grocery shopping? Do you have <u>care</u> partners who could assist with shopping when needed?				
Are there online ordering and grocery delivery services in your area?				
Meal Preparation				
Who prepares your meals and snacks? Are there people among your care partners who could help?				
Do you have <u>safety</u> issues such as leaving the stove on, tripping, or falling while cooking?				
If you require assistance with meals, are you aware of meal support options and services available in your community?				
Make a list of your questions and concerns related to your nutrition, weight, fluids, or medications.				
Are you aware of free consultation services from dietitians in BC?				
Name of Dietitian				
Email				
Phone				
List Suggestions.				

My Daily Activities & Personal Needs

This is an activity to complete following an illness, surgery, hospitalization, or any significant change in your health. Your daily activities and personal needs might include ensuring your safety, seeking meal support, taking medications, maintaining personal hygiene, engaging in physical activities, getting adequate rest, housekeeping, recognizing important personal comforts, and spending time with others. It is easier for people to assist you and not be in your way if they understand your daily routine, wishes, and needs.

Tip: Update this form weekly, monthly, or as required. Share with family members, <u>care partners</u>, and <u>caregivers</u> so they know how to help. If you want to expand on this activity, learn how to make a <u>personal</u> care plan in the resource kit. Make duplicates of this activity as needed.

My Person	My Personal Daily Needs (Sample)				
Time	My Regular Day	What I Need Help with?			
0700 am	Wake-up. Go to washroom. Shower and denture care. Dressing.	Dressing - getting on pants and shoes.			
0800 am	Medications - pills.	Double checking medications. Helps if use a pill box.			
0830 am	Breakfast, coffee and read the paper.	Making the coffee, using the stove and washing the dishes.			
0900- 1000 am	Go for a walk outside.	Having a friend or care partner walk with me. Remind me to take a cane.			
1000- 1100 am	Quiet time - reading.	Helpers can clean the house and do laundry.			
1200 noon	Lunch and medications	Choice for lunch and double checking medications.			
1:30 - 3:00 pm	Visiting with friends and family or grocery shopping,	Assistance walking to store, shopping and carrying groceries.			

My Person	al Daily Needs Date Upda	ited
Time	My Regular Day	What I Need Help with?

Medications & Other Daily Records

There are different reasons you may find it helpful to keep daily records. Your physician or health care professional may suggest you keep track of your <u>medications</u>, <u>weight</u>, exercise, diet/<u>nutrition</u>, <u>fluid intake</u>, <u>lab results</u>, <u>pain levels</u>, blood sugar levels or A1C, or blood pressure. Your <u>Mywell Health planner</u> can assist you in creating your daily records for the items you want to monitor. If there are others supporting your care, print off copies of these tables so you can record on them daily.

Tip: Ask your <u>physician</u> or health care professionals what you should check on daily, weekly, or monthly to maintain your overall health..

Medication Record

Regularly check your <u>medication list</u> in your <u>health profile</u> to ensure it is up-to-date. Remember to review this list with your <u>physician</u> every year. Include <u>over the counter</u> drugs, <u>vitamins</u>, <u>herbs</u>, and <u>supplements</u>. You can use a medication record to keep track of the medications you take every day. Add any special instructions, such as how to take your <u>medications</u> and whether they should be taken with or without food. Initial who gives you the medication if you do not take them on your own. You might want to print multiple copies for your <u>Mywell Health planner</u> binder. If you are taking a number of medications, consider using pill box organizers. If you have multiple medications, at different times throughout the day, ask your <u>pharmacist</u> about medication blister packs that sort your medications in time slots daily.

Tip: When you pick up your prescription, you will receive a <u>pharmacy handout</u>. You can scan and add it to your digital files and/or keep a print copy in this section of your Mywell health planner binder. Pharmacy handouts are valuable resources that provide information on how your <u>medications</u> work, side effects, and more.

Medication Record

Print or duplicate this template to use as a daily medication record. Include name of medication, dosage, time to be taken and all special instructions. (For example; with or without food, or crushed.)

Medications	Monday	Tuesday	Wednesday	Friday	Saturday	Sunday

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Medications	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Daily Record

Your <u>physician</u> and health professionals may recommend that you keep a daily or weekly record as part of your health plan. It might include recording your <u>weight</u>, <u>nutrition</u> (what you eat or drink), <u>fluid intake</u>, blood pressure, <u>lab results</u>, blood sugar, or <u>pain levels</u>. Customize these records by listing what you need to monitor.

What I Need to Record Daily	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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What I Need to Record Daily	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Notes for My Day to Day

Use the 'Notes for My Day to Day' as needed. It keeps all your thoughts, questions, and things to do in one place. Might be a place to list ideas, services, and resources you like.

Date	A place to record your thoughts, questions, and learning

Notes		
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