



Chronic Conditions Workshop Overview

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Overview of self-management and chronic health conditions	•					
Fatigue and Getting a good night's sleep	•					
Using your mind to manage symptoms	•				•	•
Making an action plan	•	•	•	•	•	
Feedback		•	•	•	•	•
Problem-Solving		•		•		
Dealing with difficult emotions		•				
Physical activity and exercise		•	•	•		
Preventing falls		•				
Making decisions			•			
Pain management			•			
Healthy eating			•	•	•	
Better breathing				•		
Communication skills				•	•	
Medication usage					•	
Dealing with depression					•	
Making Informed treatment decisions						•
Working with your health care team						•
Future plans						•

Homework by Session

Session 1:

- Reading covered this session: Chapters 1 & 2, pages 90-92, 106-110 and 148-149
- Practice using distraction.

Session 2:

- Reading covered this session: pages 25-26, 87-90, 110-123, Chapters 7, 8 and 9
- Think about how you would like to start an exercise program or increase the program that you are now doing.
- You may want to keep a journal of your feelings.
- In Session 3, we will be talking about making decisions. Please think of something in your life for which you need to make a decision and have it ready for next week's activity.

Session 3:

- Reading covered this session: pages 27-28, 92-98, 129-133, Chapters 7 and 10
- Choose one of the methods of monitoring exertion and check your exertion level during different activities and exercises.
- **In Session 4, we will look at what we eat for at least 2 days during this week.**
 - We suggest using one day during the week and one day on the weekend because our eating habits are often different on the weekends.
 - We will share what we learned. This information will be useful when we talk about healthy eating next week.

Session 4:

- Reading covered this session: pages 25-26, 69-71, 98-106, Chapters 10 and 11
- Keep the food diary again for one weekday and one weekend day. Look at your portions and the number of calories, and grams of fat and sodium you are eating, especially saturated and trans fats.

Session 5:

- Reading covered this session: pages 110-116, 137-143, 150-159, Chapters 10 and 13
- Make a personal medication list, with names of all your medications, the provider who prescribed it, dosage, date started, reason for taking it, and any drug allergies.
- We invite you to call, email or write a letter to your provider about what you have accomplished during this workshop. If you are not pleased with your progress over the past 6 weeks, please write a letter or email the developers of this workshop explaining your reasons. The address is: Self-Management Resource Center • PO Box 219 • Aptos CA 95001 USA • or email: SMRC@SelfManagementResource.com. You don't have to mail or show these letters, but please bring them with you next week to use during the sharing activity. If you mail the letter to your provider, though, it would help to spread the word. Also, we would like your permission to share your letters with SMRC and your Congress representatives to gain support for funding these programs. Please tell us if you are giving us permission to share your letter.

Session 6:

- Reading covered this session: pages 143-148, 289-297, Chapter 13