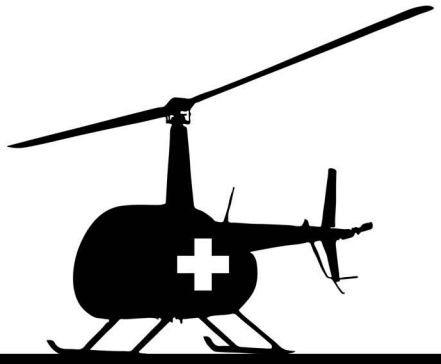
Medical Need

Explore the medical needs you have and how you meet them. Complete each box and continue the activity on the next page.



What issues are you experiencing or have experienced recently?

- ☐ Body aches
- ☐ Body pains
- ☐ Headaches
- ☐ Fatigue
- ☐ Stomach pain
- ☐ Diarrhea
- ☐ Constipation
- ☐ Numbness/tingling
- ☐ Swelling
- ☐ Feel bloated
- ☐ Dizziness
- ☐ High blood pressure
- ☐ Trouble losing weight
- ☐ Trouble gaining weight
- ☐ Sore throat
- ☐ Anxiety
- ☐ Mind racing
- ☐ Dental issues
- ☐ Always sad
- ☐ Feel stuck
- ☐ Sleep issues
- ☐ Allergies
- ☐ Difficulty concentrating
- ☐ Poor eating habits
- ☐ Learning issues
- ☐ Old injury bothering you
- ☐ Unmotivated to do anything
- ☐ Lack of exercise
- ☐ Not sure, don't feel right
- ☐ _____

On a scale from 1-10 *(1 lowest, 10 highest)* **where would you rate yourself?**

Physical health	_____	Mental health	_____
Exercise level	_____	Happy with self	_____
Eating healthy	_____	Connected to others	_____
Sleep quality	_____	Access to services	_____

What do you usually do to manage the issue(s) you are experiencing?

What barriers prevent you from accessing the help you need? *(finances, insurance, transportation, feeling safe, etc.)*

Medical Information

Have primary doctor? ☐ Yes ☐ No
Have insurance? ☐ Yes ☐ No
Have co-pay? How much? _____
Distance from home to dr? _____
How do you get to dr? _____
What are setting up appointments like?
_____
_____
_____

Mental Health Information

Feel safe at home? ☐ Yes ☐ No
Connected to others? ☐ Yes ☐ No
Know where to get help? ☐ Yes ☐ No
Insurance covers MH tx? ☐ Yes ☐ No
MH tx accessible? ☐ Yes ☐ No
times you exercise a week? _____
Last time you were happy? _____
_____
_____

What are the top 5 issue affecting your life in recovery?

Pick one issue out of the five identified you want to work through and write it down.

Medical Need

What is the issue you identified as wanting to address? _____

Who is able to assist you to address this issue? _____

What do you need to address this issue? ***(money, transportation, insurance, support, ect)***

_____

_____

_____

_____

Action Planning

An action plan is a checklist for the steps or tasks you need to complete to achieve your goal. Be clear in what you want to accomplish when filling in the steps.

Step 1: _____

_____

_____

What to do if I hit a barrier? _____

_____

Step 2: _____

_____

_____

What to do if I hit a barrier? _____

_____

Step 3: _____

_____

_____

What to do if I hit a barrier? _____

_____

Continue on next page

Medical Need

Step 4: _____

_____

_____

What to do if I hit a barrier? _____

_____

Step 5: _____

_____

_____

What to do if I hit a barrier? _____

_____

If you need more steps, continue on back of worksheet or blank paper

Advocating for yourself

Sometimes we feel like our voice or need is not heard. Sometimes this happens when we are uncomfortable or when we feel powerless. Prepare your self by completing the *4 W's and an H* to meet your needs and ensure your issue is heard.

What is the issue: _____

_____

_____

When did it start: _____

_____

Why is it important for you to get this addressed: _____

_____

_____

Who is affected by this issue: _____

_____

How you want this issue to be resolved: _____

_____

_____