

MY BEST STYLE

GETTING IT:

- **Information-Oriented.** Do you piece together information to build the big picture? If so, you work best with people who methodically spell out the details before asking you to spring into action. A doctor who paints the big picture may leave you confused and feeling lost.
- **Idea-Oriented.** Do you need the big picture first so that you know where to hang the details? If so, you work best with people who give you an overview, illustrated with examples. A doctor who jumps into the details can leave you confused and feeling overloaded.

I approach something new by _____

LEARNING IT:

- **Seeing.** You learn by seeing, and have good visual recall. You may not remember names, but you never forget a face. If you face a medical problem, ask the doctor to draw you a picture.
- **Hearing.** You learn by hearing lectures and following verbal information. You may want to tape record your doctor's explanation, and listen to it when you go out for a walk.
- **Experiencing.** Forget the manual. You learn by digging in, by going out and just doing it.

I learn best by _____

MAKING CHOICES:

- **Practical.** You consider all the choices, and figure out which one works for you.
- **Analytical.** You check the accuracy of the information and calculate how things add up.
- **Intuitive.** You identify the vision, then make choices with your gut.
- **Personal.** You want to know how your choice will impact lives. You want to know how the outcome of your choice will benefit people dear to you or yourself.

I make choices by _____

"I honor my learning style."

WEIGHING OPTIONS

Diagnosis _____

Date _____

Goal of Intervention: _____

Plan A: _____

Pro/Benefits	Con/Risks

Plan B: _____

Pro/Benefits	Con/Risks

Plan C: _____

Pro/Benefits	Con/Risks

My doctor recommends (circle): Plan A Plan B Plan C

My choice (circle): Plan A Plan B Plan C

My thinking: _____

MY ACTION PLAN

Condition/Illness

Date

My Treating Doctors:

Goal of My Treatment:

Medication

Schedule/Dosage

Medication

Schedule/Dosage

Medication

Schedule/Dosage

Medication

Schedule/Dosage

Future Testing:

Sources of Support

Lifestyle Changes (diet, activities):

What This Means to My Family:

Keep track of your improvements on the Plotting Progress sheet.

I am in charge of my response to illness.

PLOTTING MY PROGRESS

Goal _____

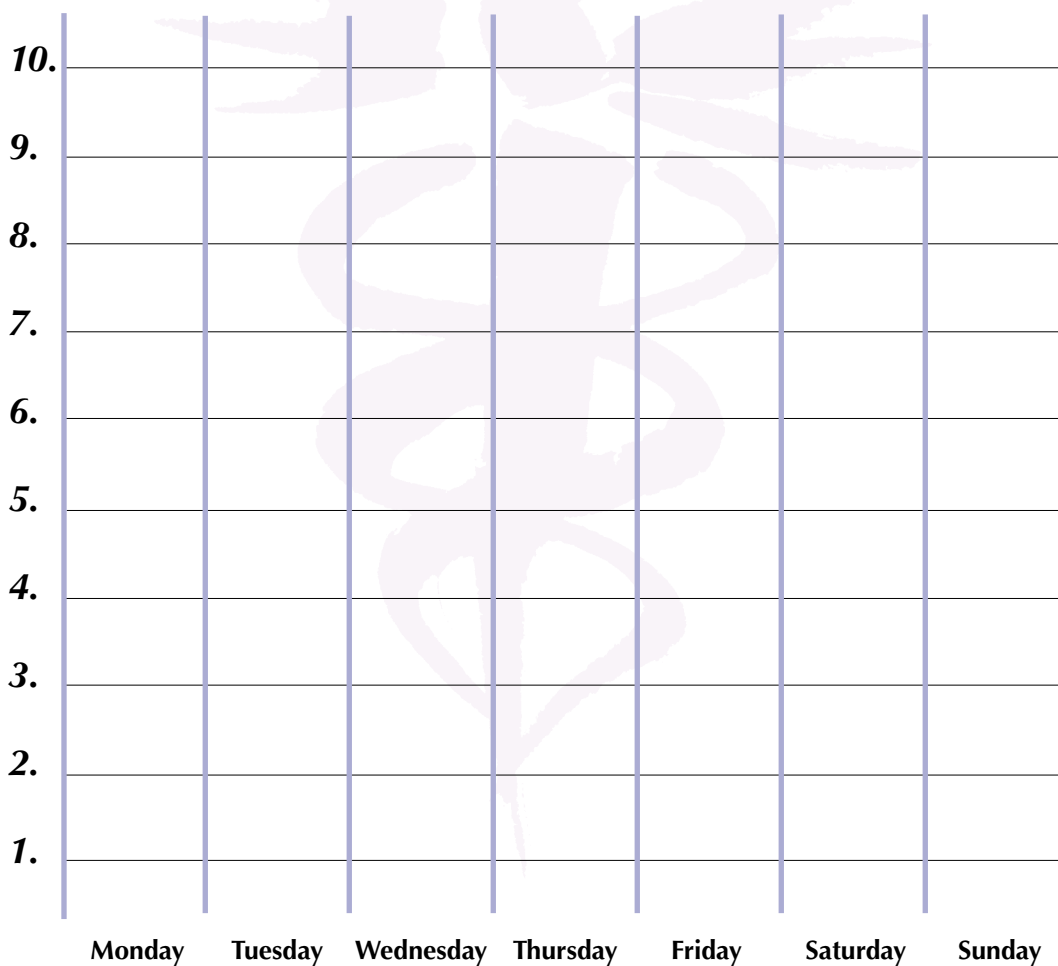
Week of Monday _____ to Sunday _____

Target Behaviors *(measurable)*

Color of Ink to Designate _____

Target Symptoms *(measurable)*

Color of Ink to Designate _____



I create a nurturing uncluttered environment.

HEALTHY HABIT CONTRACT

I _____
intend to *(activity)* _____
for *(amount/duration)* _____ .
This healthy habit will continue for *(time/date)* _____
or until I meet my goal of *(expectation)* _____ .
I will provide myself with proper nutrition, appropriate
rest and reduce my stress. The change I commit to is
(explanation) _____ .

Signature

Date

Witness

Date

I successfully change habits.