Living well with a long-term condition

What the condition has changed, what it has not, and adapted ways to keep doing what matters.

Name _____ Date _____

A long-term health condition brings real losses and limits. It can also crowd out everything else. This sheet is about keeping the other parts of your life going.

What the condition has changed or taken away

What I feel about that (it is all right to be angry or sad)

What has not changed: things I still value, enjoy or am good at

Something that matters to me	How the condition gets in the way	An adapted way I could still do it
Being involved with my grandchildren	*I cannot run around after them*	*Reading, baking and board games at my house*

Who and what supports me

One thing I will do this week because it matters, not because I feel up to it

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