

MY HEALTH TIMELINE: created by/for \_\_\_\_\_ on \_\_\_\_\_ because \_\_\_\_\_  
first name last name mm/dd/yy

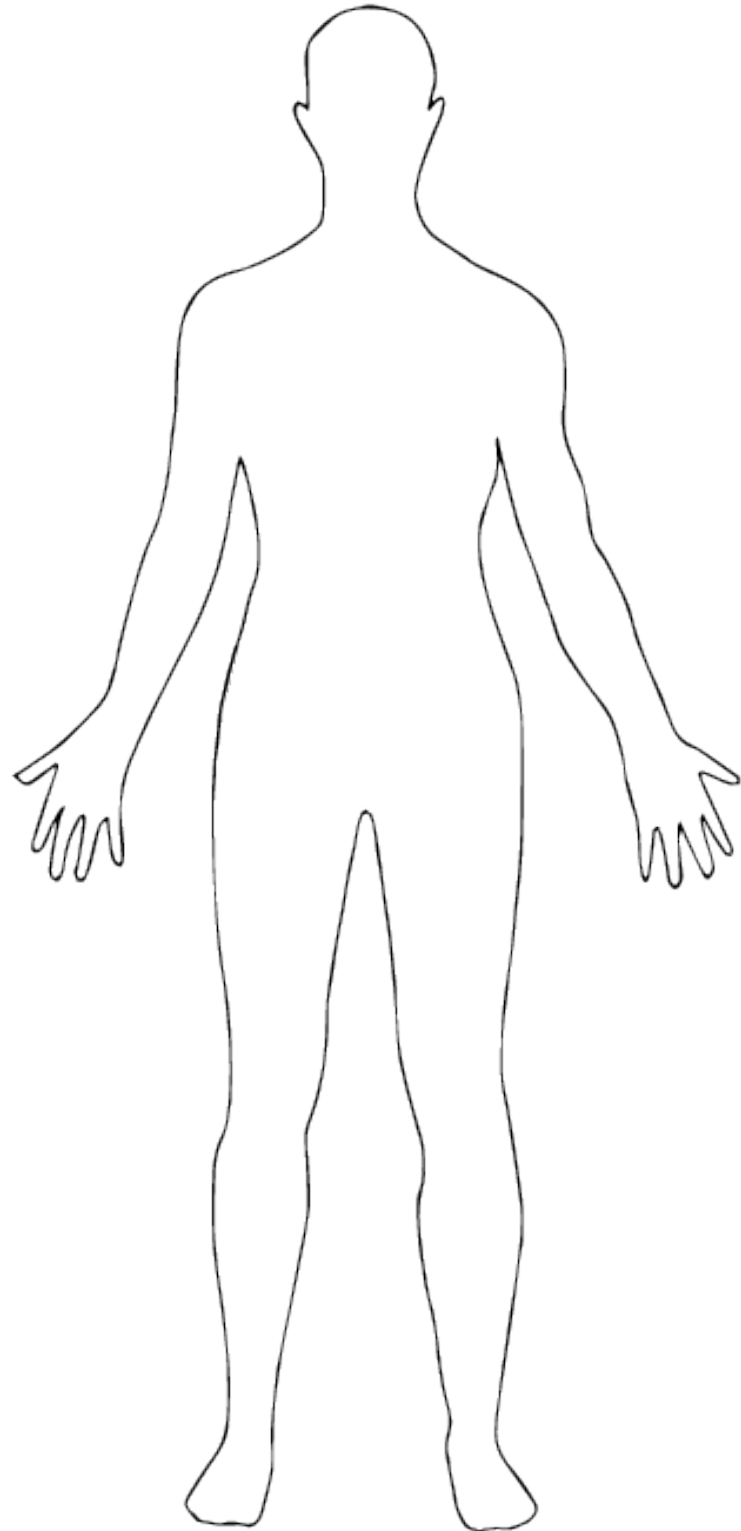
better

worse

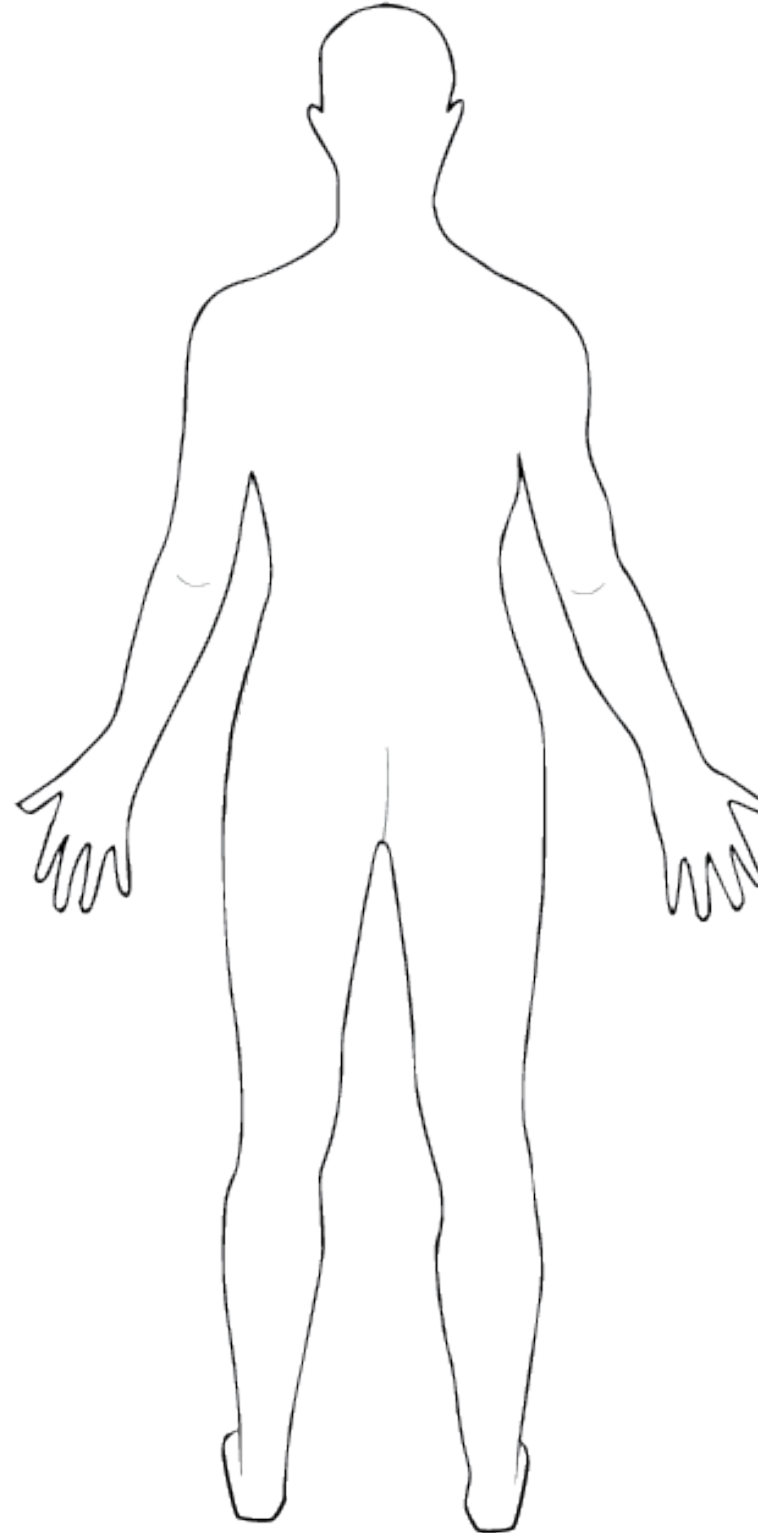


**WHAT MY BODY FEELS LIKE** (Use shapes, colors, words, or other symbols)

Front



Back



**TIPS**

- Label your time units (on the horizontal x-axis) on the timeline
- Invite a caregiver or partner to help you complete this worksheet
- Use different colors and shapes for different symptoms or issues

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**NOTES**

What did you learn? What questions do you have?  
What do you want to remember to say?