

Chronic Conditions Self-Management Program

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

NOTE: If you're unable to attend a session or wish to contact us for any other reason, please call or email **Self-Management BC** (messages will be passed on to the leaders).

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