

# Time Away from Home Worksheet:

## Daily Health Care Tasks and Treatments

1. Describe your daily health care tasks and treatments (For example: checking blood sugar, taking blood pressure)

Task or treatment	Why I do my treatments	How will I do my treatments by myself (or show others how to do them)

2. What will happen if I do not do my treatments?

*Tip: Being away from home means you may do your tasks or treatments in a less familiar place. Practice in places that are not usual for you.*

3. If I need more supplies, where will I get them and how will I pay for them?

4. Will changes in air, food, temperature, or water affect my body? Will these changes interact with medicines I am taking?

