



JOURNAL ID:

We want to make sure your information is kept **private**. Please don't share any information that can identify you, such as your last name or anyone else's last name. First names are fine.



If you have questions about this journal please call:

NAME OF SUPPORTER:

PHONE NUMBER:

If you are ever feeling overwhelmed and want to talk to someone right away please call the **National Suicide Prevention Lifeline: 1-800-273-8255**.

THANK YOU!

We really appreciate you taking the time to share your experiences with us. We hope to use the information you share with us to make aging better for older adults and caregivers in Western and Central New York.

HOW TO COMPLETE THIS JOURNAL

Over the next two weeks fill out as much or as little of this journal as you want to.

This journal has two parts:

- Part One is for telling us about your day.
- Part Two is for answering questions on specific topics.

Here are some suggestions to help you fill out the journal:

- Fill out Part One once a day on 4 separate days over the two-week period.
- In Part Two, answer questions on the topics that interest you. You can leave some topics blank.
- You're also welcome to use the blank pages in the journal to record things that don't fit into the questions provided.



The little things
about your
experience
matter to us.

PART ONE

Tell us about
your day

YOUR DAY

Date: _____

What did you do today?

Try to provide as much detail as you can.

Morning:

Afternoon:

YOUR DAY

Evening:

What was good about today?

YOUR DAY

What was difficult about today?

What could have happened to make it a better day?

YOUR DAY

**Is there anything else you'd like to tell us
about your day?**

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**Is there anything else you'd like to tell us
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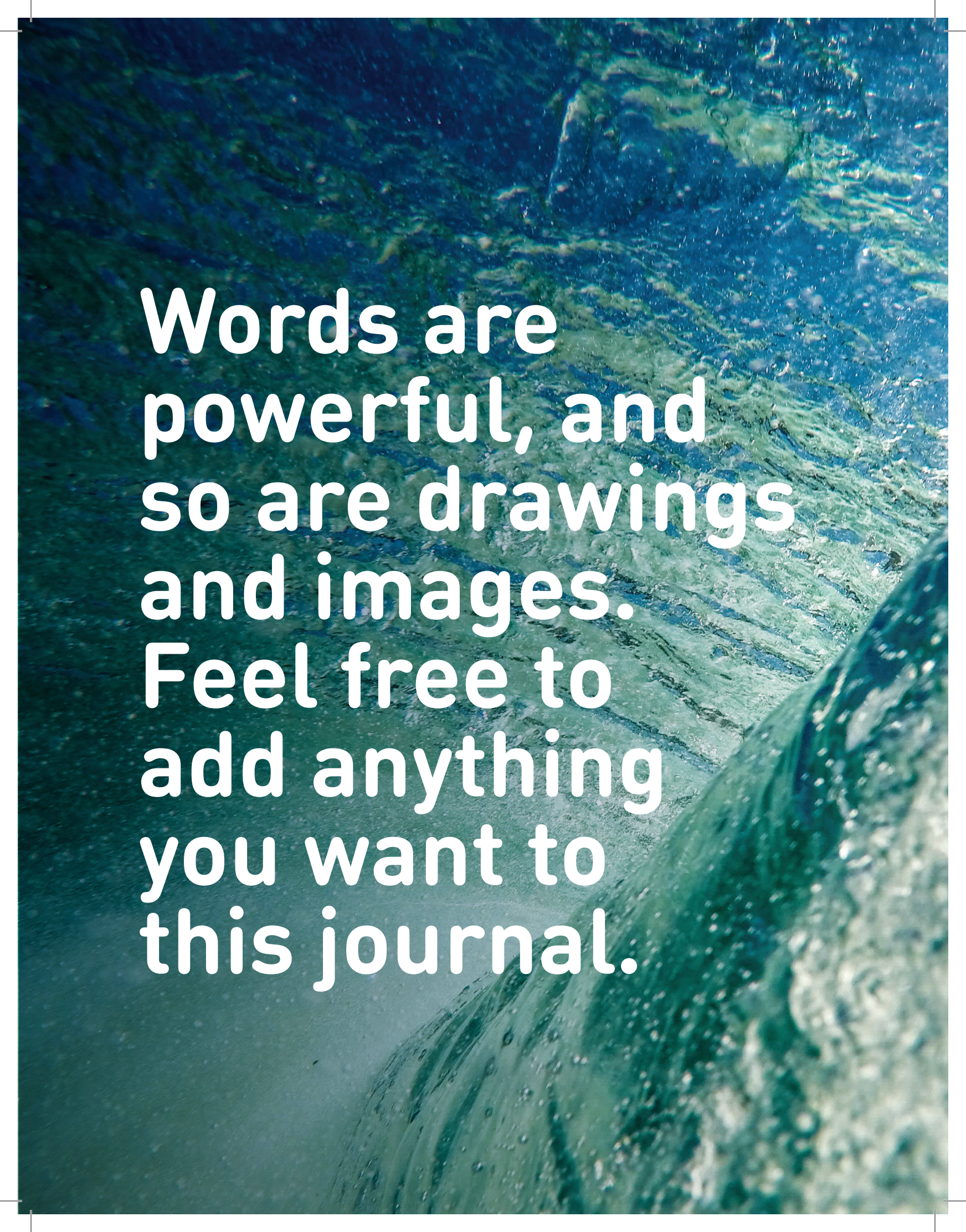
YOUR DAY

What was difficult about today?

What could have happened to make it a better day?

YOUR DAY

**Is there anything else you'd like to tell us
about your day?**



Words are
powerful, and
so are drawings
and images.
Feel free to
add anything
you want to
this journal.

PART TWO

Answer questions on specific topics

GETTING AROUND

Where did you go the last time you left your home/place you're living?

How did you get there?

GETTING AROUND

Did anything make it hard to get around? What was it?

If there was one place you could go today without worrying about how to get there, where would you go? Why?

DEALING WITH EVERYDAY STUFF

What's a problem you had recently? It can be big or small.

What did you do to try to fix the problem or cope with the problem?

DEALING WITH EVERYDAY STUFF

What got in the way as you tried to deal with the problem?

Can you think of anything else that could be done about it?

A blank page you can write or draw on.

WHERE YOU LIVE

Where do you live right now? What is it like?

What does it feel like to live there?

WHERE YOU LIVE

What's difficult about living there?

**Would you change anything about where you live?
If so, how would you change it?**

PEOPLE YOU KNOW

How do you connect with other people?

Where do you go to be with people?

PEOPLE YOU KNOW

What do you like about spending time with others?

What do you dislike about spending time with others?

PEOPLE YOU KNOW

If you could, who would you like to spend time with tomorrow and what would you like to do?

LOVED ONES AND PETS

Loved ones can be family members, friends, pets or other people/animals you're close to.

Think about the last interaction you had with a loved one and/or pet. What happened? What did you do or talk about?

How did you feel during this time?

LOVED ONES AND PETS

What problems does your loved one and/or pet help you with?

What would make your time with your loved one and/or pet better?

We want you to share your
experience as honestly
and completely as you can,
as it is these little things
that often lead to the
greatest discoveries.



HOPES AND DREAMS

What are you most hopeful about?

What does a better life look like to you?

HOPES AND DREAMS

What's one thing that gets in the way of you having your better life?

What would help you get to the life you imagine?

A blank page you can write or draw on.

YOUR PHYSICAL HEALTH

What physical health problems do you have?

YOUR PHYSICAL HEALTH

Tell us about a time when you tried to get help for your health. What happened and how did you feel?

**Have you ever been treated differently while trying to get help for your health because of your age?
Tell us about that.**

YOUR PHYSICAL HEALTH

What do you want people who help you with your health to understand about you?

What would you like people that help you with your health to do differently?

A blank page you can write or draw on.

YOUR EMOTIONAL HEALTH

What emotional health problems do you have?

YOUR EMOTIONAL HEALTH

Tell us about a time when you tried to get help for your emotional health. What happened and how did you feel?

Have you ever been treated differently while trying to get help for your emotional health because of your age? Tell us about that.

YOUR EMOTIONAL HEALTH

What do you want people who help you with your emotional health to understand about you?

What would you like people that help you with your emotional health to do differently?

GETTING HELP FROM PROFESSIONAL SERVICES

Professional services can be things like home care services, case management, friendly visiting, home-delivered meals, transportation help, or nursing care.

Think about the last time you had an interaction with a professional service. What problems did the professional service (and the person providing them) help you with?

What happened? What did you talk about?

GETTING HELP FROM PROFESSIONAL SERVICES

How did you feel during this interaction with the professional service (and the person providing them)?

What would make your time with the person providing these services better?

TIME BY YOURSELF

How do you fill time when you're by yourself?

What does it feel like when you're by yourself?

TIME BY YOURSELF

What do you think about when you're by yourself?

Would you change anything about the time you spend by yourself? If so, how would you change it?

MOTIVATION AND WHAT KEEPS YOU GOING

What got you out of bed today? If you didn't get out of bed, what kept you there?

What matters most to you?

MOTIVATION AND WHAT KEEPS YOU GOING

What do you do when things feel like too much?

What do you wish you could do when things feel like too much?

MOTIVATION AND WHAT KEEPS YOU GOING

What's something you're proud of?

STRENGTHS AND INTERESTS

What are you good at?

What's something you wish you could try?

STRENGTHS AND INTERESTS

What stops you from trying that thing?

**What's something a loved one would say
you're good at?**

YOUR WORDS OF WISDOM

What's the thing you're most proud of in your life?

What's a life lesson you wished you learned sooner?

YOUR WORDS OF WISDOM

What challenges do you think next generations could face?

What are your words of wisdom for the next generation?

A blank page you can write or draw on.

Thank you!

Thank you for taking the time to participate in journaling as part of the the Aging By Design research project.

We know that filling this journal out likely took a lot of time and energy. Aging By Design greatly appreciates the generosity you have shown in sharing your thoughts and experiences.

We are committed to using what you've expressed in this journal to try to improve the experience of older adults and caregivers in Western and Central New York.

Your experience is valuable to us!

**AGING
BY
DESIGN**

Learn more www.agingbydesign.info