

# My Energy Conservation Plan





## I Can Take Charge

Small changes in the way you do things can make a BIG difference in how much energy you have for the activities that mean the most to you. It can take a great deal more energy to do something standing up than sitting down.

**My Personal Plan:** These planning steps (**below and on the back**) will help you better conserve your energy.




### 1 | When do I have more or less energy during the day?

Put an **X** in the box that fits the time of day when you have high, moderate, or low energy.

		ENERGY LEVEL		
		High energy: can complete activities easily	Moderate energy: can do things, but with difficulty	Low energy: can't complete activities, very tired
TIME OF DAY	MORNING 6–10 am 			
	NOON 10 am–2 pm 			
	AFTERNOON 2–6 pm 			
	EVENING 6–11 pm 			

### 2 | Where does my energy go?

Put an **X** in the box showing how you normally do each activity (sitting, standing, moving around, or reaching). Then, mark how much energy it takes for you to do those activities (a lot, some, not much).

	HOW I DO MY ACTIVITIES			ENERGY NEEDED TO DO MY ACTIVITIES		
				A lot	Some	Not much
Bathing or showering						
Shaving, doing my hair, getting dressed						
Going to the bathroom						
Cooking, light cleaning, laundry, etc.						
Going to appointments						
Phone calls, watching TV, using a computer						
Caring for family or pets						
Other:						

## 2 | What's my goal for conserving energy this week?

Use your answers from steps 1 and 2 to **pick at least one** way to conserve energy this week. Review your progress with your Homecare provider each week.

	Week 1	Week 2	Week 3	Week 4
<input type="checkbox"/> Ask for help or stop doing moderate- or high-energy activities.				
<input type="checkbox"/> Do tasks at the time of day I have more energy.				
<input type="checkbox"/> Do more tasks sitting and lying down, such as: _____				
<input type="checkbox"/> Use planning strategies for your daily activities (see below).				
<input type="checkbox"/> Other: _____				

\*Possible problems for meeting my goals are: \_\_\_\_\_

\*Things that will help me meet my goals are: \_\_\_\_\_

DAILY ACTIVITIES PLANNING STRATEGIES		Week 1	Week 2	Week 3	Week 4
BATHING	<input type="checkbox"/> Gather all supplies necessary and place within reach				
	<input type="checkbox"/> Sit to undress, bathe, dry, and dress on bath seat or toilet				
	<input type="checkbox"/> Use a non-slip mat in tub or shower				
	<input type="checkbox"/> Use sponge, back brush, or reacher to avoid overreaching				
	<input type="checkbox"/> Have a towel or terry cloth robe nearby, and use a bath mat on floor				
TOILETING	<input type="checkbox"/> Use toilet assistive devices (riser, grab bars, or commode)				
	<input type="checkbox"/> Identify and buy/rent any needed toileting aids				
	<input type="checkbox"/> Gather supplies and keep handy				
	<input type="checkbox"/> Keep reacher near you				
	<input type="checkbox"/> Track daily bowel movements, especially if taking pain medications				
NUTRITION	<input type="checkbox"/> Eat slowly, and chew food well				
	<input type="checkbox"/> Plan and prepare meals ahead				
	<input type="checkbox"/> Use small appliances that make cooking easier (microwave, slow cooker, rice cooker, electric steamer, bread maker, etc.)				
	<input type="checkbox"/> Eat 6 small meals a day				
OTHER					

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