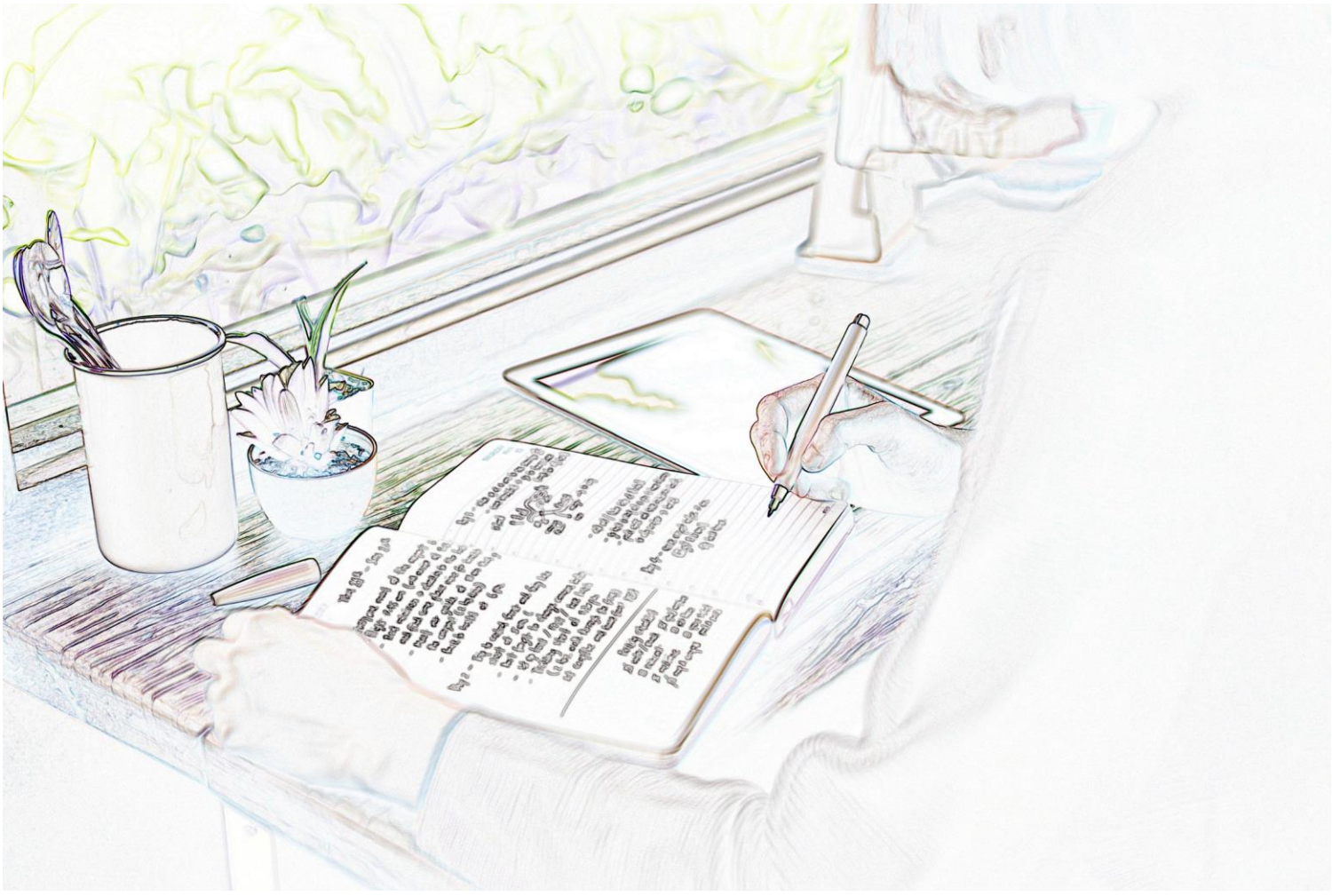
Huntington's Disease Society of America

Wellness Journal



A Useful Tool for the Social Security Disability Application Process

Welcome to your wellness journal, a place to document specific details about your diagnoses, symptoms and treatments. These pages will inform your Social Security disability case—while also helping you and your doctors better understand your condition.

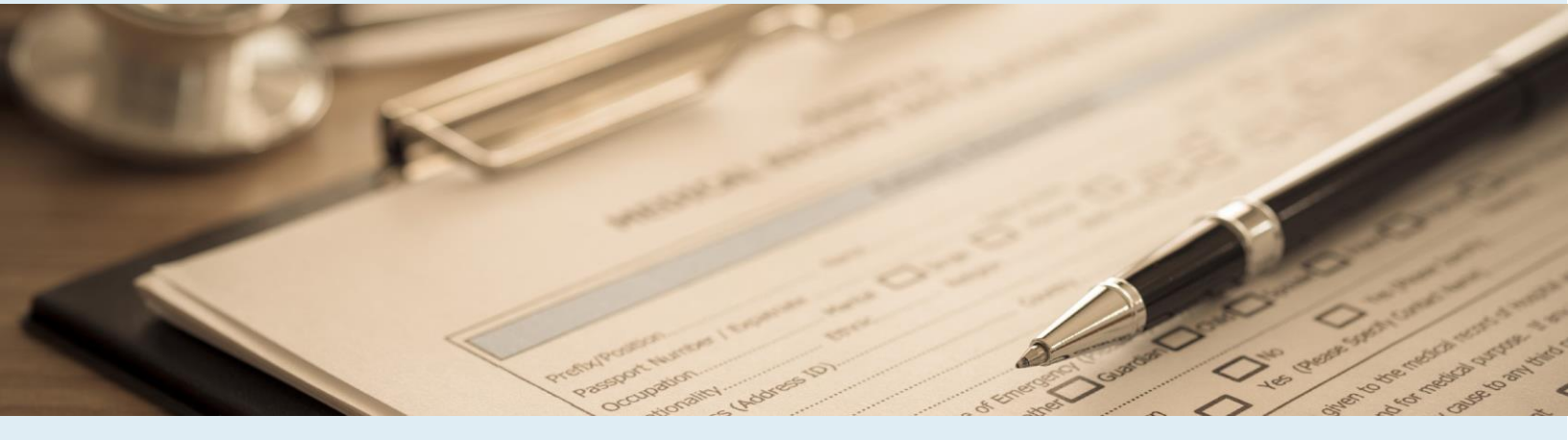
No one remembers all of the details of every appointment or conversation. Keeping records that can be referred back to at a later time is vital. Remember, doctors will not record information in your medical records if you do not honestly share symptoms and limitations with them and other treatment professionals.

Sharing and discussing the details you record here with your doctors and other treating providers is important to the disability application process. Social Security examiners and judges do not know you personally and when weighing your case must rely on information included in your medical records and, if necessary, your testimony.

Having a detailed log of all your experiences leading up to and during your disability application allows both you and Social Security to see a timeline of the symptoms and difficulties you are facing. Your medical records and testimony tell a story, the story of your disabling condition and how it affects you—you want that story to be as accurate as possible.

As you begin using this wellness journal, you might find reviewing the sample journal entries beginning on page 12 useful.

This publication was made possible by a grant from Adira Foundation.



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MEDICATIONS	**DATE:**
Name of medication:	
Prescribing doctor:	Reason taking:
Started:	If stopped, date:
Dose/timing/titration:	
Side effects:	
Name of medication:	
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Started:	If stopped, date:
Dose/timing/titration:	
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Dose/timing/titration:	
Side effects:	

DAILY EXPERIENCES			
Activites of Daily Living (ADLs): ADLs are tasks people need to do everyday for healthy living.			
Symptoms:			Date: q Good Day q Bad Day
ADL (bathing, dressing, toileting, eating, etc.)	Y/N	____Mins	Adjustments?
Other ADLs (other things you do daily)	Y/N	____Mins	Adjustments?

Symptoms:			Date: q Good Day q Bad Day
ADL	Y/N	____Mins	Adjustments?
Other ADLs (other things you do daily)	Y/N	____Mins	Adjustments?

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Symptoms:			Date: q Good Day q Bad Day
ADL	Y/N	____Mins	Adjustments?
Other ADLs (other things you do daily)	Y/N	____Mins	Adjustments?

DOCTOR APPOINTMENTS	**DATE:**
Doctor:	Time:

Test	Reason	Follow Up?
		q Yes, Date:_____ q No
		q Yes, Date:_____ q No
		q Yes, Date:_____ q No
		q Yes, Date:_____ q No

Therapy changes (medication, dosage, titration, start/stop)

My To-Do List	Referrals
q q q	

Questions:	Answers:
q _____	1. _____
q _____	2. _____
q _____	3. _____
q _____	4. _____

DOCTOR APPOINTMENTS	**DATE:**
Doctor:	Time:

Test	Reason	Follow Up?
		q Yes, Date:_____ q No
		q Yes, Date:_____ q No
		q Yes, Date:_____ q No
		q Yes, Date:_____ q No

Therapy changes (medication, dosage, titration, start/stop)

My To-Do List	Referrals
q q q	

Questions:	Answers:
q _____	1. _____
q _____	2. _____
q _____	3. _____
q _____	4. _____

IMPORTANT CONVERSATIONS	**DATE:**
Organization:	Time:
Spoke to: (name, dept., time) 1.	Follow up? q Yes Date: q No Time:
2.	4.
3.	5.
q They contacted me. q I contacted them. Reason:	
My next steps: q _____ q _____ q _____	Resources to contact: (name, contact info) 1. _____ 2. _____ 3. _____
Organization:	Time:
Spoke to: (name, dept., time) 1.	Follow up? q Yes Date: q No Time:
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My next steps: q _____ q _____ q _____	Resources to contact: (name, contact info) 1. _____ 2. _____ 3. _____
Organization:	Time:
Spoke to: (name, dept., time) 1.	Follow up? q Yes Date: q No Time:
2.	4.
3.	5.
q They contacted me. q I contacted them. Reason:	
My next steps: q _____ q _____ q _____	Resources to contact: (name, contact info) 1. _____ 2. _____ 3. _____

APPENDIX A – MEDICATIONS (SAMPLE)	DATE: 3/12/18
Name of medication: Naproxen sodium	
Prescribing doctor: Dr. Arrigoni	Reason taking: High Blood Pressure
Started: 3/12/18	If stopped, date:
Dose/timing/titration:	
Side effects: High blood pressure, Nausea, Dizziness, Headaches	
Name of medication:	
Prescribing doctor:	Reason taking:
Started:	If stopped, date:
Dose/timing/titration:	
Side effects:	
Name of medication:	
Prescribing doctor:	Reason taking:
Started:	If stopped, date:
Dose/timing/titration:	
Side effects:	
Name of medication:	
Prescribing doctor:	Reason taking:
Started:	If stopped, date:
Dose/timing/titration:	
Side effects:	

APPENDIX B — DAILY EXPERIENCES (Sample)			
Activites of Daily Living (ADLs): ADLs are tasks people need to do everyday for healthy living.			
Symptoms: Severe pain in hands and joints. Shortness of breath. Anxiety			Date: 5/19/18 q Good Day q Bad Day
ADL (bathing, dressing, toileting, eating, etc.)	Y/N	____Mins	Adjustments?
Shower and dress	Y	35	Skipped conditioner Used a shower chair
Made lunch for myself	Y	15	Used pre-prepared food in microwave
Other ADLs (other things you do daily)	Y/N	____Mins	Adjustments?
Retrieved Mail	Y	10	Used slip-on shoes because too painful to bend
Made lunch for myself	Y	15	Used pre-prepared food in microwave
Laundry	N		Too painful to carry heavy laundry basket up or down stairs and painful to bend for washer door. Daughter did for me.
Pay Electric Bill	N		Too painful to grasp pen to write

Symptoms:			Date: q Good Day q Bad Day
ADL	Y/N	____Mins	Adjustments?
Other ADLs (other things you do daily)	Y/N	____Mins	Adjustments?

APPENDIX C – DOCTOR APPTS (Sample)	**DATE:** 7/29/18
Doctor: Dr. Menchuck	Time: 8:00am

Test	Reason	Follow Up?
Chest X-Ray	Checking lungs for blockage/infection	q Yes, Date:_____ q No
Echocardiogram	Checking heart valves and vessels	q Yes, Date: 11/3/18 q No
Pulmonary Function Test	Checking on how my lungs are working, like how much air they can hold	q Yes, Date: 8/27/18 q No
		q Yes, Date:_____ q No

Therapy changes (medication, dosage, titration, start/stop)

Prednisone	New prescription, short supply
ProAir	New prescription

My To-Do List	Referrals
q Pick up new prescription, short supply q Confirm cost and update spending plan to include new prescriptions q	

Questions:	Answers:
q Is the generic medicine of ProAir the same? The pharmacist mentioned it and said it is less expensive under my insurance	1. _____
q How long will I need to stay on these medicines?	2. _____
q _____	3. _____
q _____	4. _____

APPENDIX D IMPORTANT CONVERSATIONS (Sample)

DATE: 10/19/18

Organization: MetLife	Time: 2:20pm
Spoke to: (name, dept., time) 1. Janice, Disability, 2:20pm	Follow up? ☑ Yes Date: 10/22/18 ☐ No Time: 9:00 am
2.	4.
3.	5.

☑ They contacted me. ☐ I contacted them.

Reason: Not able to start sending long term disability payments. Missing a form from Dr. Arrigoni. Said I need to apply for Social Security disability.

My next steps: ☐ Call Dr. Arrigoni's office on Tuesday to ask about the form ☐ Give the fax number and make sure form is sent 'attention' to Janice ☐ Call Caring Voice to see if I can get help with the disability application	Resources to contact: (name, contact info) 1. MetLife, Janice - 800-555-9485 2. _____ 3. Caring Voice, 888-267-1440 (SSDI Help, Free)
Organization:	Time:
Spoke to: (name, dept., time) 1.	Follow up? ☐ Yes Date: ☐ No Time:
2.	4.
3.	5.

☐ They contacted me. ☐ I contacted them.

Reason:

My next steps: ☐ _____ ☐ _____ ☐ _____	Resources to contact: (name, contact info) 1. _____ 2. _____ 3. _____

This material is intended for support, informational and educational purposes only and in no way should be taken as the practice of medicine, either health care advice or services. Use of any names, organizations or products in sample forms and materials are for example purposes only and do not reflect an endorsement by or affiliation with Huntington's Disease Society of America or Adira Foundation. You should consult with, and rely only on the advice of, your physician or health care professional.