

# Creating a Timeline

## Instructions

Please use the life and health events below to jog your memory as you create your own timeline **until present day**. Use a pencil since you will likely make lots of revisions. This will be an evolving document since more details will come to you as you learn to think holistically about your health. Feel free to consult friends and family as needed. There is no right or wrong way to do this so just let your ideas flow. Once you are done, zoom out and look for patterns. What events occurred prior to the onset of symptoms and diagnoses? What patterns do you see? Please bring your timeline with you to part 2 of the workshop. Please see the timeline example on page 2.

- **On the left side:**
  - Family history
  - Prenatal: stressed parents, normal vs. complicated pregnancy, mom on medications, delivery complications, normal discharge home?
- **Life events**
  - Birth, schools, graduation, married/divorce/widowed (you and your parents)
  - Pregnancies (vaginal vs C section), breast feeding
  - Puberty, menopause, hormone replacement therapy
  - Travel and related illnesses
  - Cities you've lived in
  - Early family and home life details (happy, cohesive, stressful, difficult, etc.)
- **Habits: diet, exercise, sleep, toxic exposures, exercise (good and bad)**
- **Childhood illnesses/antibiotics/hospitalization/vaccinations**
- **Symptoms/Diagnoses**
  - Neurologic (cognition, strength, sensory, pain)
  - Immune (allergies, asthma, food reactions, infections - urinary, GI, skin, etc),
  - Gastrointestinal (diarrhea, constipation, bloating, ulcers, reflux)
  - Cardiovascular: high blood pressure, diabetes, heart disease, palpitations
  - Kidney/urinary (infections, stones, dehydration),
  - hormone issues (thyroid, cortisol, testosterone, estrogen)
  - Mood: anxiety/depression/ADHD (onset, post partum,
  - Skin (rashes, hives, eczema)
  - Liver (gallstones, toxicity)
  - Early family/home life
  - Energy levels, weight, appetite, sleep patterns
  - Dental history (fillings, extractions, infections/antibiotics, surgeries, implants, etc.)
- **Medications** (relevant medications, reactions, side effects)
- **Hospitalizations, ER visits, procedures, surgeries, chemo/radiation therapy, blood transfusions**

## Guiding Questions

In your journal, please answer the following questions. Write whatever comes to mind, and spend this week reflecting on what made it onto paper. Please bring these to part 2 of our webinar.

1. When were you last "well"?
2. What events occurred in the months/years before your illness? (Triggers)
3. If you could solve 3 problems, which would they be?
4. What do you think is contributing to your illness now?
5. What has helped you cope/stay resilient?

# Sample Timeline

- Family History
- Addiction
  - Anxiety
  - Depression
  - High Blood P.
  - Strokes
  - Dementia
  - Osteoporosis
  - Eczema
  - Asthma
  - Vitiligo (auto-immune)

- Prenatal History
- Stressed mom
  - Born 4 week early
  - Breastfed 2 mos.

