THIS IS MY WORLD

MY NAME: ___________________
We are so pleased to share with you the second edition of *This is My World*. We would like to acknowledge both the generous staff support and funding provided by the NIMH Intramural Program. Our gratitude is also extended to all the children who so thoroughly reviewed the pages of this workbook so that it would have the most meaning for other children living with a medical illness.

This workbook has been created as a psychotherapeutic tool for therapists to use in working with children and adolescents who have been diagnosed with a medical illness. The activities included in this workbook were designed to facilitate rapport building and contribute to discussion surrounding the various aspects of the child’s life, including: views on self, family, friendships, school, illness, and the future.

It is advised that therapists utilize the workbook at a slow pace, encouraging verbal interaction and a more thorough discussion of the different concepts that are presented. This way, the workbook can be successful in identifying problems, eliciting concerns, and expressing frustrations, hopes, dreams, and/or anxieties.

Most importantly, keep in mind that this is the child’s own book about him/herself. The time and effort they put into completing the pages should be encouraged and should be viewed as something to feel proud of. Therapists are encouraged to have a variety of colored pencils, crayons, and/or markers available so that children can be as creative as they wish. In the future, children and adolescents, and/or their families, will be able to refer to this work as a glimpse of the journey of living with their illness.
THIS IS ME

Draw A Picture of Yourself or Attach a Photo:

Some words that describe me are:

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________
All About Me

My name is ________________________________________________________________

My nickname is ____________________________________________________________

I’m ______ years old.  I’m in ______ grade at ________________________________

The color of my eyes is __________________________ The color of my hair is ______

My Mother’s name is ___________________________ My Father’s name is ________________

The people who take care of me are___________________________________________

The people who live with me are _____________________________________________

The pets that live with me are ________________________________________________

When I grow up I want to be a _______________________________________________

One good thing about me is _________________________________________________

I am really good at _________________________________________________________

One thing that is different about me from other people is _________________________

The hardest thing that I have done _____________________________________________

I am thankful for ____________________________________________________________

One thing I would like to teach people is _________________________________________
Your local newspaper wants to write a story about you. What are 5 important things about you they should know?
My Favorites

Color: _____________________________________
Game: _____________________________________
Animal: ____________________________________
Sport: _____________________________________
Hobby: _____________________________________
Food: ______________________________________
Dessert: ____________________________________
Singer/Musical Group: __________________________
Person:_____________________________________
Book: ______________________________________
Movie: _____________________________________
Movie Star: __________________________________
Place: ______________________________________
Gift: _______________________________________
Person in Office/Hospital: ________________________

My favorite memory is
_________________________________________________________________________
_________________________________________________________________________

DRAW A PICTURE OF SOMETHING YOU LOVE!!
The person I admire most is ____________________________________________________________

I admire them because _____________________________________________________________

I know this person from ____________________________________________________________

Three of their best qualities are 1. ___________________________________________________

2. _____________________________________________________________________________

3. _____________________________________________________________________________

Something people could learn from this person is _______________________________________

________________________________________________________________________________

If you could give this person an award, what would you name the award ____________________
Thoughts I have when I feel happy are...
thoughts I have when I feel sad are...
THOUGHTS I HAVE WHEN I FEEL ANGRY ARE...
THOUGHTS I HAVE WHEN I FEEL SCARED ARE...
BOREDOM...

I get bored when ____________________________________________________________

When I’m bored, I feel _______________________________________________________

Things I do when I am bored are:
1) _________________________________________________________________________

2) _________________________________________________________________________

3) _________________________________________________________________________

When I’m bored, I wish _______________________________________________________

People know I’m bored because _______________________________________________
My Feelings

One thing that makes me happy is ____________________________________________________________

I can tell I’m happy when ________________________________________________________________

I laugh when ________________________________________________________________________

One thing that makes me sad is __________________________________________________________

I can tell I’m sad when __________________________________________________________________

I cry when ___________________________________________________________________________

One thing that makes me angry is __________________________________________________________________

I can tell I’m angry when __________________________________________________________________

I feel embarrassed when __________________________________________________________________

I feel frustrated when ___________________________________________________________________

One thing that makes me scared is __________________________________________________________________

I feel brave when _______________________________________________________________________

I feel nervous when _____________________________________________________________________

I feel most alone when __________________________________________________________________

I feel excited when ______________________________________________________________________

I feel calm when ________________________________________________________________________
Most people feel different things in different parts of their body. Assign a color or create a symbol to label the parts of your body where you experience the following feelings.

- Love
- Fear
- Happy
- Pain
- Hopeful
- Sadness
- Hunger
- Worry
- Boredom

__________________________
__________________________
WHAT MAKES IT BETTER? Write down what makes each thing better for you.

Being bored

Not feeling well

Disagreement with your parents

Feeling sad

Argument with a friend

Going to the doctor

Feeling alone

Being teased

Taking medicine

Feeling angry

Being scared

Feeling worried

Feeling tired

Missing out on activities

Being in pain

Feeling nervous
**A Safe Place**

When you are feeling sad or nervous, it is often helpful to think about a place where you feel safe or happy. Some children think of the beach, a favorite spot in their house, or a dream vacation spot. Where do you feel safe? It can be real or imaginary. Answer the questions, then practice relaxing by closing your eyes and thinking about your safe place.

My safe place is __________________________________________________________

It makes me feel safe because it ____________________________________________

Describe what your safe place looks like ______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe any smells your safe place has ______________________________________

________________________________________________________________________

What objects are in your safe place __________________________________________

Who, if anyone, is with you ________________________________________________

What sounds do you hear __________________________________________________

________________________________________________________________________
Draw a picture of your safe place!
Write the words that best describe you on the rays of the sun. You can use the words below or any other words you think of on your own. Write the words in the color that best matches those words.
Something I’m really good at is ________________________________________________________________

I learned how to ________________________________________________________________

I have been good at this for ______________________________

I do this when ________________________________________________________________

3 other things I am good at are ________________________________________________________________

Some things I want to be better at are ________________________________________________________________

If I would get a medal for anything, it would be for ________________________________________________________________

If I could get a medal for anything, it would be for ________________________________________________________________

Draw a picture of your medal:
The people in my family are ________________________________________________________________
____________________________________________________________________________________

What I love most about my family is ______________________________________________________

My family’s favorite thing to do together is ______________________________________________

What I wish I could change about my family is ____________________________________________

The funniest thing that ever happened to my family was ____________________________________

The best time my family had together was ________________________________________________

My family is most proud of me when I _____________________________________________________

My family gets angry with me when I _____________________________________________________

This is how my family has changed since I got sick __________________________________________
____________________________________________________________________________________

Something unusual about my family is ____________________________________________________

I think a perfect family is ______________________________________________________________
DRAW A PICTURE OF YOUR FAMILY DOING SOMETHING TOGETHER!

Who is in the picture? ________________________________________________________________

What are you doing together? __________________________________________________________
Who Is What?

A person in my family I feel close to is ________________________________________________________________

A person in my family I don’t get along well with is _______________________________________________________

A person in my family who makes me laugh is ____________________________________________________________

A person in my family who works the hardest is __________________________________________________________

A person in my family who I spend the most time with is ____________________________________________________

A happy person in my family is _____________________________________________________________

A sad person in my family is ______________________________________________________________

A person in my family who has a lot of patience is ______________________________________________________

A person in my family who gets frustrated easily is ______________________________________________________

A person in my family that I trust the most is __________________________________________________________

A person in my family that I sometimes don’t trust is ______________________________________________________

A person in my family who helps me most is __________________________________________________________

A person in my family who has been with me during good times and bad times is _______________________________
My Home

The city I live in is ___________________________ The state I live in is ___________________________

I have lived in this home for ____________________ years.

The best part about my home is _____________________________________________________________________________________________________________

The worst part about my home is _____________________________________________________________________________________________________________

One thing my home needs is ______________________________________________________________________________________________________________

My favorite room in my home is ___________________________ because it ___________________________

________________________________________________________________________________________________________________________________________________

Something that is always happening in my home is _________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

One thing I would like to change about where I live is _____________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

My neighborhood is ______________________________________________________________________________________________________________________

My neighbors are ________________________________________________________________________________________________________________________
DESIGN YOUR PERFECT ROOM...

DRAW A PICTURE OF YOUR PERFECT ROOM:

What room is it _____________________________

Who is allowed in it ________________________

The most important things in this room are _____________________________
My best friend(s)

Things I like to do with my friends

My friends like me because

I like my friends because

A friend I can always count on is

When I am with my friends I feel

A good way to make friends is

3 things I look for in a friend are

People I have told about my illness

When I told them, they

People I would like to talk to about my illness

When I do not feel well, my friends
My School

School is ________________________________________________________________

The best part about school is ______________________________________________

The worst part about school is ______________________________________________

When I get to school in the morning I feel ____________________________________

My favorite subject is _______________________________________________________

My least favorite subject is __________________________________________________

My favorite teacher is ______________________________________________________

Because he/she ____________________________________________________________

The kids at school are ______________________________________________________

If I could tell the kids at school anything, I would say __________________________

One thing I would like to change about my school is _____________________________

One thing I would keep the same is ___________________________________________

After school, I usually ______________________________________________________
## My Thoughts on School

Describe how you feel about the following things.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
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<tr>
<td>Teachers</td>
<td></td>
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<tr>
<td>Math</td>
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<td>Reading</td>
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<td>Lunch</td>
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<tr>
<td>Science</td>
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<tr>
<td>Classmates</td>
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<td>Studying</td>
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<td>Homework</td>
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<td>Tests</td>
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<td>Recess</td>
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<tr>
<td>P.E./Gym</td>
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<tr>
<td>Computer</td>
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</tbody>
</table>
MY WISHES

Many people wish upon stars... What are some of your wishes? Write them next to the stars!

_________________________________  
_________________________________  
_________________________________  
_________________________________  
_________________________________  
_________________________________  
_________________________________  
_________________________________
MY DREAMS

Write or draw about a dream you remember:

This dream made me feel ______________________________
Dear Future Self,

Write a letter to your grown-up self saying what you would like your life to be like in the future.
The best day I ever had was ______________________________________________________

It was great because ____________________________________________________________

The worst day I ever had was ____________________________________________________

It was terrible because __________________________________________________________

The best thing that anyone ever said to me was _______________________________________

It made me feel __________________________________________________________________

The worst thing that anyone ever said to me was _______________________________________

It made me feel __________________________________________________________________

The best part of my body is _______________________________________________________ 

The worst part of my body is _____________________________________________________
My Illness

The name of my illness is _________________________________________________________________

I found out I had this illness when I was ____________ years old

When I found out, I felt __________________________________________________________________

The things I know about my illness are  _______________________________________________________
____________________________________________________________________________________

The things I want to know about my illness are  _________________________________________________
____________________________________________________________________________________

I learned about my illness by ______________________________________________________________

The thing about my illness that scares me most is  _______________________________________________

The people who take care of me are __________________________________________________________

My illness is hardest for __________________________________________________________________

The treatment for my illness makes me feel ____________________________________________________

The scariest thing that has happened since my diagnosis was ________________________________________

If you could rename your illness, what would you call it __________________________________________
Draw a picture of what you think your illness looks like to others:
What It's Like...

When I found out about my illness, I felt ____________________________________________________________

The hardest part about having an illness is __________________________________________________________

When I don’t feel well, I  ________________________________________________________________

When I don’t feel well, my family _____________________________________________________________

One thing that always cheers me up is __________________________________________________________

The things that are harder because I have an illness are ____________________________________________

_________________________________________________________________________________________

The things that have gotten better are __________________________________________________________

_________________________________________________________________________________________

The person I would not have met without my illness is _____________________________________________

The places I would not have gone without my illness are ____________________________________________

_________________________________________________________________________________________
Dear Illness,

Write a letter to your illness telling it anything you want to.
My doctors are ________________________________________________________________

My nurses are ________________________________________________________________

The things my doctors and nurses do that I like are __________________________________________

The things my doctors and nurses do that I don’t like are __________________________________________

Being in the doctor’s office or hospital makes me feel __________________________________________

The doctor’s office or hospital would be better if __________________________________________

It helps me relax at a doctor’s appointment or hospital visit if __________________________________________

A good experience I had at a doctor’s appointment or hospital visit was __________________________________________

If you were a doctor/nurse what would you do differently __________________________________________
What kind of medicine do you take?
Describe what it is, what it tastes like and how it makes you feel.
MY MEDICAL CHART

Your medical chart has a lot of important information about you in it. Write a letter to your doctors and nurses telling them things that are important for them to know about how to take care of you.
If you knew you had to spend time in the hospital, what things would you like to have in your room? On this page, design your most perfect hospital room. It can have anything or anyone in it. USE YOUR IMAGINATION!!
Tell a story about this picture. Write about what they are doing, thinking and feeling.
If only I could ___________________________________________________________________________

If I could meet anyone, I would want to meet ________________________________________________

Because _________________________________________________________________________________

If I could talk to anyone in the world, I would talk to ___________________________________________

And say __________________________________________________________________________________

If I could change anything, I would change ______________________________________________________

Because ___________________________________________________________________________________

If I could see into the future, I would want to know _____________________________________________

If I could change anything I’ve done it would be _________________________________________________

If I could have any super power it would be ______________________________________________________

Because __________________________________________________________________________________

If I could go anywhere in the world, I would go to _______________________________________________

Because __________________________________________________________________________________

If I did not have an illness, I would _____________________________________________________________

If I could make adults understand one thing it would be __________________________________________

________________________________________________________________________________________
A child your age just found out that they have the same illness as you. Since you are an expert, write them a letter telling them about it. Try to tell them things you wish people had told you when you first found out.
LIST 5 THINGS IN YOUR LIFE THAT YOU CAN CHANGE. THEN LIST 5 THINGS IN YOUR LIFE YOU CAN’T CHANGE.

1. __________________________________________
   __________________________________________

2. __________________________________________
   __________________________________________

3. __________________________________________
   __________________________________________

4. __________________________________________
   __________________________________________

5. __________________________________________
   __________________________________________

When I can’t change something, I feel __________________________________________

When I can change something, I feel __________________________________________
LOSS

When people die ________________________________________________________________

These are people/pets I have known that have died ________________________________________________________________

The person or pet I miss most is ________________________________________________________________

He/She was special to me because ________________________________________________________________

When I found out he/she died, I felt ________________________________________________________________

Now, when I think about it, I feel ________________________________________________________________

I wish I could have told him/her ________________________________________________________________

I wish I could have told him/her ________________________________________________________________

The way I said goodbye was ________________________________________________________________

The way I said goodbye was ________________________________________________________________

The hardest part has been ________________________________________________________________

These things remind me of him/her ________________________________________________________________

I feel happy when I remember ________________________________________________________________

I wonder about ________________________________________________________________

I wonder about ________________________________________________________________

The most important thing I have learned is ________________________________________________________________
IF I COULD TRASH SOME THINGS IN MY LIFE, IT WOULD BE...

(write them around the trashcan)
THE WORRY BAG
Write down things you worry about in the bag.

Now imagine that you have to carry your worry bag. How heavy is it? List some ways you can lessen your everyday worry, lighten your load, and make it easier to get where you are going:

_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
From time to time, most people think about what would happen to them and/or all of their stuff if they died. Here you have an opportunity to write down what you would want to happen to you, your belongings, or any other wishes.

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________
6. ____________________________________________
7. ____________________________________________
8. ____________________________________________
9. ____________________________________________
10. ____________________________________________
11. ____________________________________________
12. ____________________________________________
WHAT I WANT
THE WORLD TO KNOW

People need to know ____________________________________________________________
___________________________________________________________________________________

When people talk about me, I want them to say _______________________________________
___________________________________________________________________________________

Most people think my best quality is ______________________________________________________________________________________________

I believe people should ______________________________________________________________________________________________________________

The thing I am most proud of is _____________________________________________________________________________________________________

The most important lesson I have ever learned is ___________________________________________________________________________________
_______________________________________________________________________________________________________________________________________

The world would be a better place if ________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________