

MY 2020 COVID-19

TIME CAPSULE

BY: _____



**Women's Multicultural
Resource & Counselling Centre**

**TAKE A MOMENT TO FILL IN THESE PAGES FOR
YOUR FUTURE SELF TO REFLECT BACK ON!**

Things to include in this book:

Some Photos – Of yourself and family/friends

Daily/Weekly Journals

Newspaper articles

Special Memories

List of ways or tools you used to cope during this time

**A COVID-19 RESOURCE MATERIAL DEVELOPED BY
WMRCC of DURHAM FOR WOMEN AND PARENTS**

Date: _____

IN THE BEGINNING

When did you first learn about COVID-19? _____

How did you first learn about COVID-19? (friends, work, news, etc.): _____

What were your first thoughts? _____

NOW

Who are the people you are social distancing with? _____

Where are you living? _____

WHO AM I

Age _____

Weight _____

Height _____

Shoe Size _____

Who are my closest friends? _____

What are my interests? _____

What are my dislikes? _____

What am I good at or something special about me? _____

Favourite:

Hobby

Song/Music

Tv/Movies

PARENTING

How have your child(ren) been coping and/or feeling about physical distancing?

Have they been experiencing any challenges?

Have you engaged in new hobbies with them?

How have you been able to manage your parenting styles during this time?

Have you made any changes in your parenting?

What have you learned about your own parenting style?

SELF REFLECTION

Has this experience allowed you to view yourself differently? _____

Has this experience impacted your sense of security? _____

In what ways has this experience impacted your sense of security? _____

Has this experience allowed you to see your resiliency differently or develop new resiliency strategies? _____

Has this experience changed the way you view life? _____

How do you think they will show up in life differently now reflecting on a deeper understanding of yourself and life? _____

POST SECONDARY SCHOOL

School I attend: _____

Program/Degree: _____

Subjects I am taking: _____

Favourite Subject: _____

Least Favourite Subject: _____

How am I doing in my Classes: _____

What are my strengths in school? _____

What are my weaknesses in school? _____

How has your school been affected by the pandemic (do you have online work, has it been extended, etc.)? _____

Any worries I have about school (classes, grades, etc.)

WORK

Place of Employment: _____

How did COVID-19 Pandemic affect work: _____

Did your place of employment close? _____

Did you have to work from home? _____

Any other changes to your employment or work responsibilities: _____

Did you apply for Employment Insurance (E.I.) or CERB? _____

Did the COVID-19 Pandemic create any financial strains or challenges for you? _____

Do you have any concerns about the future of your employment? _____

Other comments or thoughts about employment: _____

MY COMMUNITY

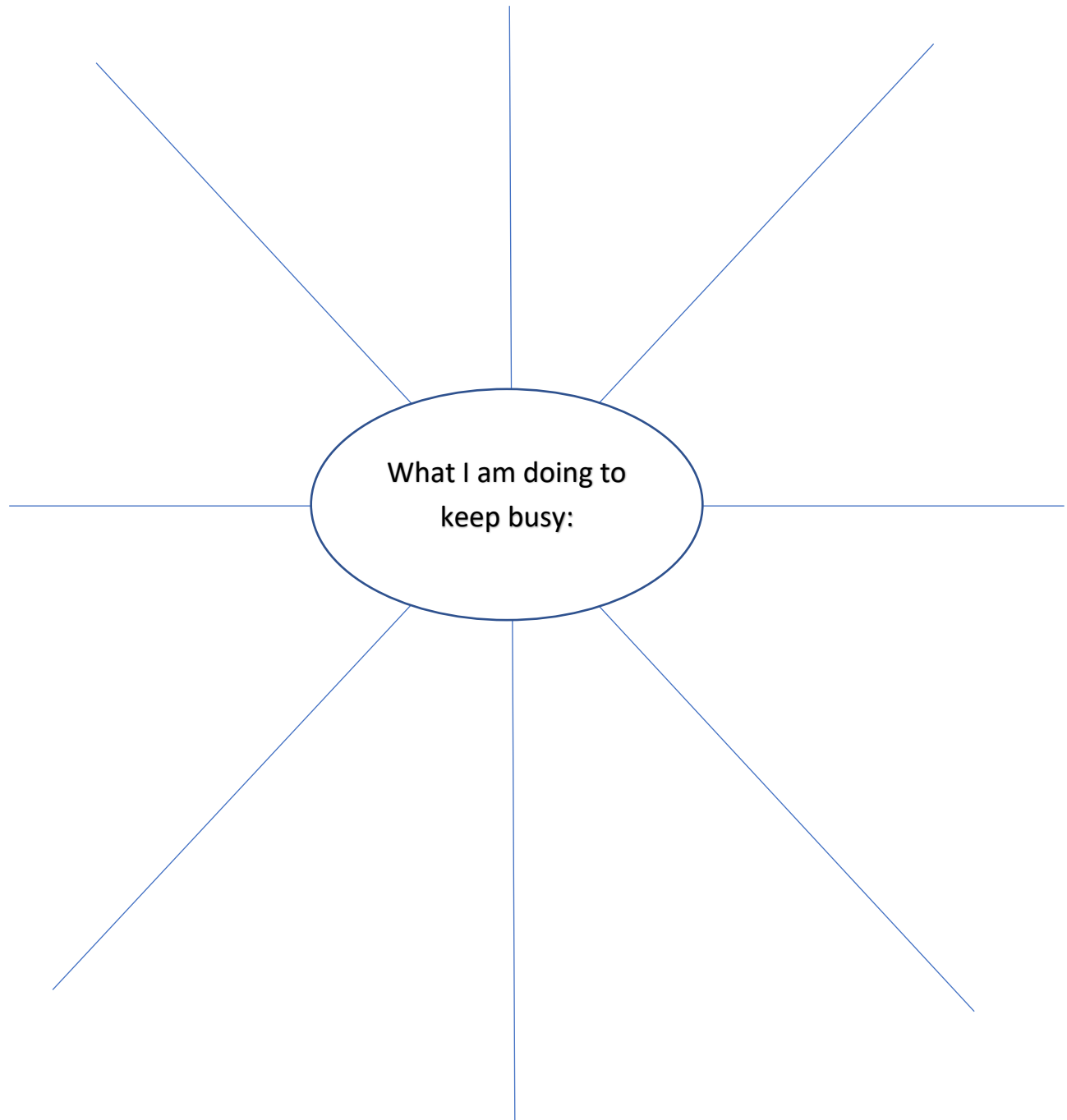
Where are you living at this time?

What things are you doing to help you feel connected/have fun outdoors in your community?

How have you been able to stay connected to/with others?

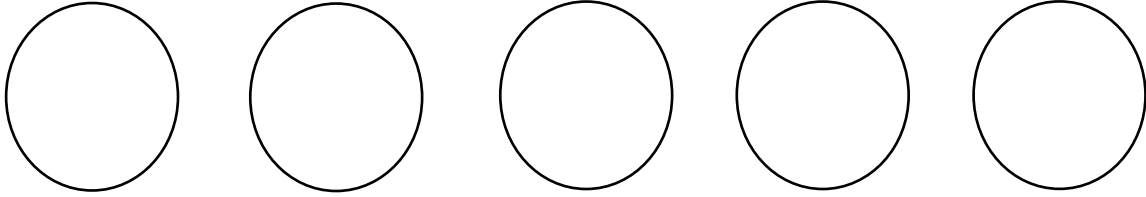
Are you participating in any virtual/online activities, groups, chats etc.?

SOME MIGHT SAY THEY ARE STUCK AT HOME, I SAY I AM SAFE AT HOME!



(Write or Draw some activities or things you have been doing)

HOW I AM FEELING



(Draw emojis to describe how your face has looked)

Words that describe how you have been feeling

_____	_____	_____
_____	_____	_____
_____	_____	_____

What have I learned most from this experience: _____

What are the first 3 things I would most like to do when this is over?

_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
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PHYSICAL DISTANCING

What does the term “Physical Distancing” mean to you? _____

What does the term “Social Distancing” mean to you? _____

In what ways have new physical distancing or social distancing policies changed your life?

Socially

Emotionally

Physically

Spiritually/
religiously

Cognitively/
Mentally

What positive new insights have you gain about yourself during this time? _____

What challenges have you experienced with any changes noted above? _____

PHYSICAL DISTANCING

Has this experience changed how you think and/or feel about:

Yourself

Friendships/Partners

Family

Society/Community

In what ways have these relationships changed?

Improvements

Challenges

Yourself

Friendships/Partners

Family

Society/Community

CHANGES

What new hobbies or activities have you started? _____

What are some goals/plans you have made as a result of your experiences?



Three trapezoidal boxes, each containing five horizontal lines for writing, arranged horizontally.

What are you most thankful for? _____

CHALLENGES

Has there been any hobbies or activities you can no longer do? _____

Have you experienced any unwanted emotions or feelings?

What new skills have you learned or used to help cope with these emotions? _____

SPECIAL OCCASIONS

Keep a Record of the events that passed during this time, including birthdays, religious holidays, anniversaries, accomplishments, graduation, etc.)

Date	Event	How did you Celebrate?

INTERVIEW

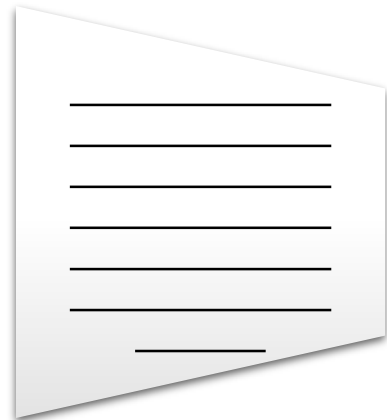
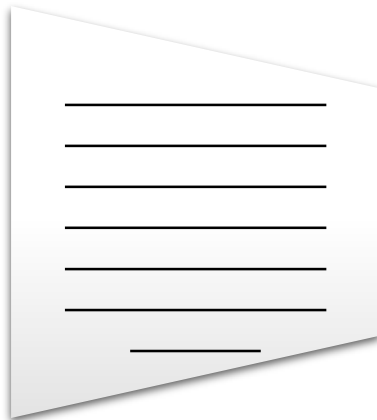
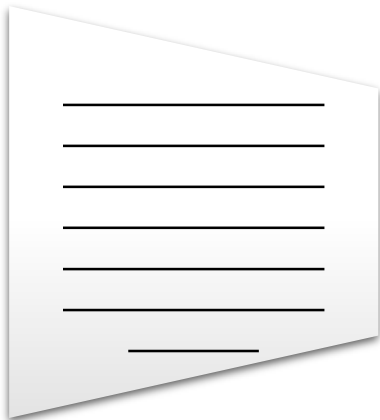
(Your Parents, Siblings, Friends or Others)

Words that describe how you have been feeling

What has been the biggest change during this time? _____

What have you learned? _____

What has been your top three moments?



What are you most thankful for? _____

Goal(s) when this is over? _____

What Activities/Hobbies have you enjoyed? _____
