

# 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 LOOK 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

**Date:** \_\_\_\_\_

## **IN THE BEGINNING**

When did you first learn about COVID-19? \_\_\_\_\_

\_\_\_\_\_

How did you first learn about COVID-19? (friends, school, 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 \_\_\_\_\_

Nickname: \_\_\_\_\_

Who are my closest friends? \_\_\_\_\_

\_\_\_\_\_

What are my interests? \_\_\_\_\_

\_\_\_\_\_

What are my dislikes? \_\_\_\_\_

\_\_\_\_\_

What am I good at or something special about me? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Career I would like to have when I am older: \_\_\_\_\_

\_\_\_\_\_

## Favourite:

Hobby

Song/Music

Tv/Movies

# ALL ABOUT ME

## Family Tree

(Draw a Picture of your Family Tree Here)

# School

School I attend: \_\_\_\_\_

Grade: \_\_\_\_\_

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 am I feeling about the new online work/ assignments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.)? \_\_\_\_\_

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?

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

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

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

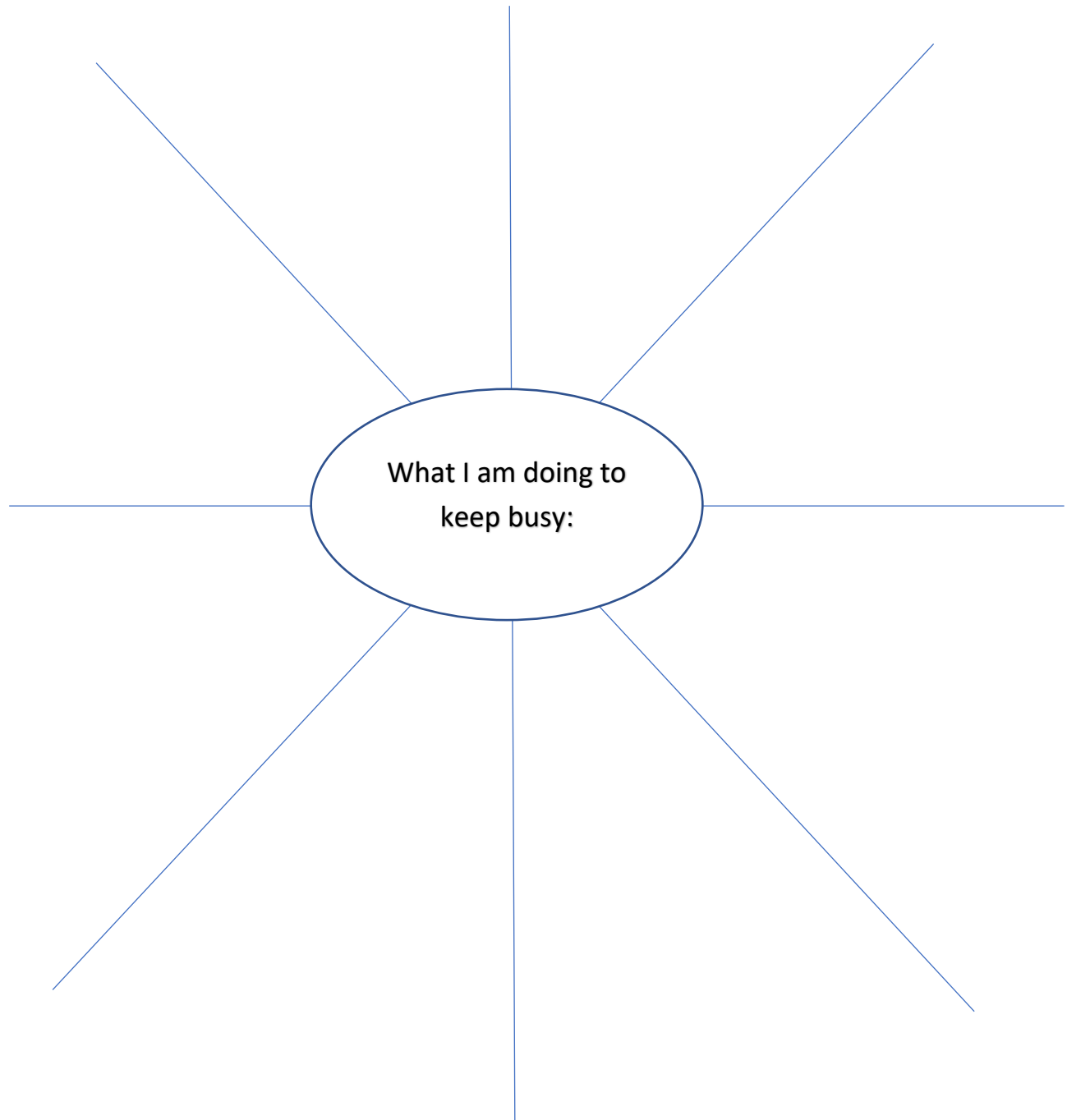
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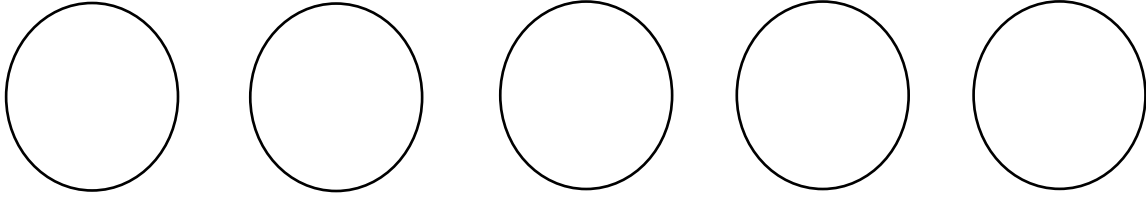


**SOME MIGHT SAY THEY ARE STUCK AT  
HOME, I SAY I AM SAFE AT HOME!**



(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

Spiritally/  
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 experienced 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

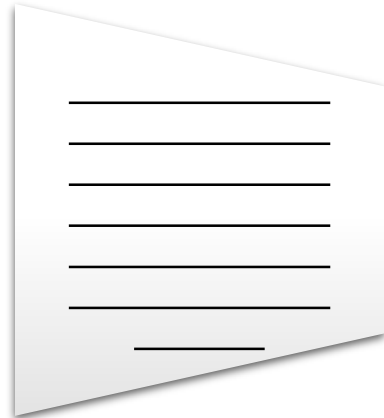
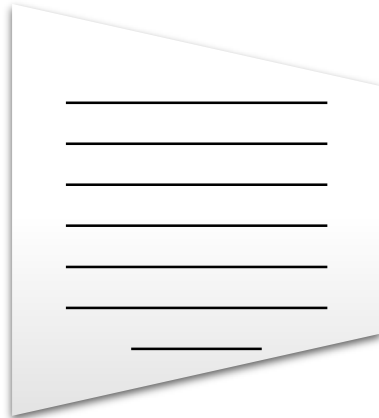
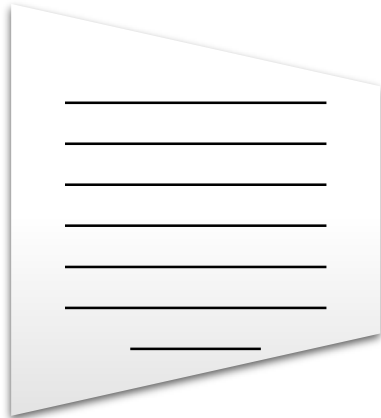
# CHANGES

What new hobbies or activities have you started? \_\_\_\_\_

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



What are you most thankful for? \_\_\_\_\_

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# CHALLENGES

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

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Have you experienced any unwanted emotions or feeling's?

\_\_\_\_\_

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

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# SPECIAL OCCASIONS

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

Date	Event	How did you Celebrate?

# LETTER TO MYSELF

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

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Signature: \_\_\_\_\_

# INTERVIEW

(Your Parents, Siblings, Friends or Others)

**Words that describe how you have been feeling**

\_\_\_\_\_

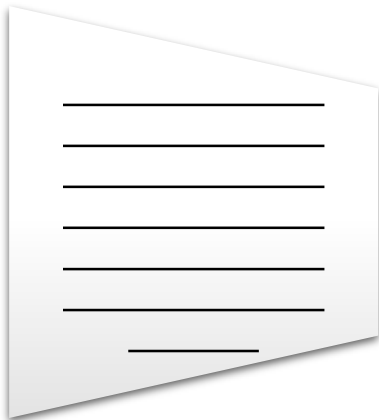
**What has been the biggest change during this time?** \_\_\_\_\_

\_\_\_\_\_

**What have you learned?** \_\_\_\_\_

\_\_\_\_\_

**What has been your top three moments?**



\_\_\_\_\_

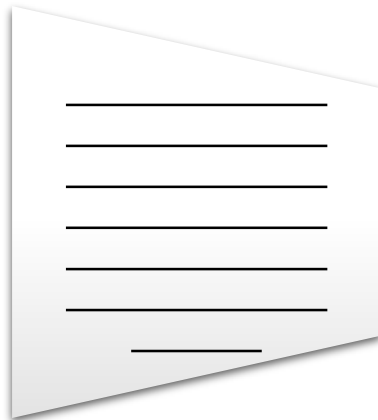
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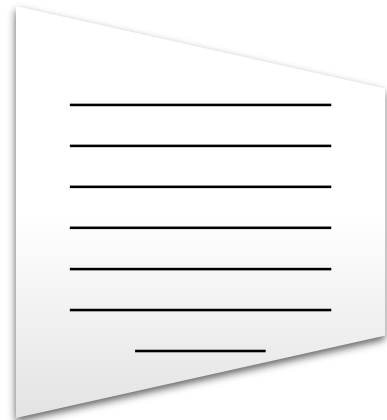
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\_\_\_\_\_

**What are you most thankful for?** \_\_\_\_\_

\_\_\_\_\_

**Goal(s) when this is over?** \_\_\_\_\_

\_\_\_\_\_

**What Activities/Hobbies have you enjoyed?** \_\_\_\_\_

\_\_\_\_\_