MY 2020 COVID-19

TIME CAPSULE

BY: ____________________________
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

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?

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!

What I am doing to keep busy:

(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?
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:

<table>
<thead>
<tr>
<th></th>
<th>Improvements</th>
<th>Challenges</th>
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<tbody>
<tr>
<td><strong>Yourself</strong></td>
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<td><strong>Friendships/Partners</strong></td>
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<td><strong>Family</strong></td>
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<tr>
<td><strong>Society/Community</strong></td>
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In what ways have these relationships changed?
**CHANGES**

What new hobbies or activities have you started?

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

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 etc.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>How did you Celebrate?</th>
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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?
________________________
________________________
________________________