

# Working Toward Wellness



Depression and Bipolar  
Support Alliance

We've been there. We can help.

# THIS WORKBOOK IS ABOUT YOU.

Each person takes a different path toward wellness. This booklet can help you look at your lifestyle choices, track your progress, recognize patterns and put together a wellness plan that fits you.

The first thing you can do is educate yourself about your illness.

Check with your health care providers, the library or web sites like [www.DBSAlliance.org](http://www.DBSAlliance.org).

Everything in this booklet is a suggestion. Your wellness journey will happen step-by-step, not all at once. As you look back, it may surprise you how far you've come.

---

NAME

---

PHONE(S)

---

ADDRESS

---

HEALTH CARE PROVIDER

---

PHONE(S)

---

ADDRESS

---

HEALTH CARE PROVIDER

---

PHONE(S)

---

ADDRESS

---

PHARMACY

---

ADDRESS

---

PHONE

---

MEDICATION ALLERGIES

*(More medication information can be found starting on page 16.)*

---

LOCAL CRISIS/HELP LINE

**National Hopeline Network**

**Phone: (800) SUICIDE (800-784-2433)**

---

HEALTH INSURANCE COMPANY/HMO/MEDICAID PROVIDER

---

POLICY NUMBER

---

PHONE

# Symptoms

One of the ways to measure your wellness is to check for symptoms and how much they keep you from doing the things you want to do. Rate your symptoms using these charts each week or after each health care appointment.

*Put a star by the symptoms that are most troublesome.  
Take action as soon as you spot them.  
Don't wait for a crisis.*

## Depression

SYMPTOM

HOW MUCH DOES THIS  
AFFECT MY LIFE?  
(1=NOT AT ALL/10=A LOT)

Sad, empty, irritable or tearful mood most of the day, nearly every day

No interest in or pleasure from activities once enjoyed

Major changes in appetite or body weight

Insomnia or sleeping too much

Feelings of restlessness or being slowed down

Fatigue, exhaustion, lack of energy

Feelings of worthlessness or excessive guilt

Inability to concentrate or make decisions

Thoughts of death or suicide



**If you or someone you know has thoughts of death or suicide, contact a medical professional, clergy member, loved one, friend, or crisis line for help right away.**



K

nowing which symptoms affect your life

can help you prepare for and cope with them.

## Mania

SYMPTOM

HOW MUCH DOES THIS  
AFFECT MY LIFE?  
(1=NOT AT ALL/10=A LOT)

Feeling overly energetic, “high,” “better than good,”  
or unusually irritable for at least one week

Very high self-esteem, feeling like you can do anything

Decreased need for sleep without feeling tired

Talking more than usual, feeling pressure to keep talking

Racing thoughts, many ideas coming all at once

Distracted easily, thoughts or statements jumping topic-to-topic

Increase in goal-directed activity, restlessness

Excessive pursuit of pleasure (e.g., financial or sexual)  
without thought of consequences

## Other Symptoms

SYMPTOM

HOW MUCH DOES THIS  
AFFECT MY LIFE?  
(1=NOT AT ALL/10=A LOT)

Drinking/using substances

Overeating

Obsessions

Anxiety

Panic attack

Delusions (strange or bizarre thoughts)

Hallucinations (seeing or hearing things)

# M

## MOOD TRIGGERS

People all have certain “triggers” that may cause them to feel more manic or more depressed, such as an argument with a loved one, an unexpected bill or a major life event such as moving or changing jobs. Other illnesses or lack of sleep can also cause moods to change.

Outside factors can also have positive effects. For example, rekindling an old friendship or finishing a large project can help you feel happy or stable. Regular exercise or healthy eating can help your moods become more even.

OUTSIDE INFLUENCE	POSITIVE (+) OR NEGATIVE (-)	RESULT	WHAT CAN I DO?
Took a walk	+	Felt more calm	Take a walk every day.
Argument with friend	-	Get angry, feel worthless	Work with supportive people on ways to resolve conflict and not take things personally.

---



---



---



---



---



---



---



---

# TALK THERAPY

A good therapist can help you explore and change patterns of behavior or emotions that contribute to your illness. Therapy is a safe place where you can be honest about your thoughts, feelings and actions, and discuss ways to help your moods become more stable. If you aren't able to see your therapist every week, talk about things you can do to help yourself between appointments.

## Topics to work on in therapy

---

**Example** Unstable relationships

---

**Goal** Learn what I can do to prevent fights and conflicts in my life. Work on being more patient, considerate or trusting.

---

1.

---

**Goal**

---

2.

---

**Goal**

---

3.

---

**Goal**

---

# P EER SUPPORT

Support from people who understand is another important part of treatment. There are many ways to get this support. Become part of one of the more than 1,000 DBSA support groups across North America, or visit the interactive forums and chat rooms at [www.DBSAlliance.org](http://www.DBSAlliance.org). You might also choose to join a support group that addresses another illness you have, such as alcoholism.

---

SUPPORT GROUP NAME—CONTACT NAME—CONTACT PHONE(S)

---

---

LOCATION

---

---

MEETING TIME(S)

---

## Goals for support group

---

---


---

---

---

---

---



*Starting a DBSA support group can help you and others.  
Contact DBSA's chapter team at (800) 826-3632  
to get started.*

## Sleep

Different people need different amounts of sleep to stay well. If you start to need more or less sleep than usual, it may be a sign of depression or mania. A regular sleep schedule helps improve the quality of your sleep and how restful it is.

---

**WHAT KEEPS ME FROM FALLING ASLEEP OR WAKING UP?**

Too many things to do  
before bedtime.

---

---

---

---

---

---

---

---

---


---

---

**WHAT CAN I DO?**

Make a list.  
Start doing things earlier.  
Save some until tomorrow.

---



***I**t helps to wake up at the same time every day. To help  
you wake up, set your bedroom lights on a timer,  
or have someone in your home turn them on for you.*



## Nutrition

It's important to eat regularly, even if your appetite and energy are low. Drink at least eight glasses of water a day - more if you exercise. Watch for major changes in your appetite that might be signs of a depressive or manic episode.

The U.S. Department of Agriculture recommends that every day, healthy adults eat:

- 2–3 servings of dairy products like milk, yogurt or cheese
- 2–3 servings of protein-rich foods like meat, poultry, fish, dry beans, eggs or nuts
- 3–5 servings of vegetables and 2–4 servings of fruit
- 6–11 servings of bread, cereal, rice or pasta

*Keep foods on hand that are healthy and easy to eat like yogurt, fresh fruit and bagels.*

[illegible]

# Exercise

Exercise doesn't have to be exhausting or expensive. Even a short walk several times a week can help you feel better. You can also work more physical activity into your daily routine. For example, take the stairs instead of the elevator, get off the bus before your stop and walk, or park your car at the far end of the parking lot.

*T*alk to your doctor before beginning any exercise program. Have regular physical exams.

ACTIVITY	
TIMES PER WEEK	MINUTES

ACTIVITY	
TIMES PER WEEK	MINUTES

ACTIVITY	
TIMES PER WEEK	MINUTES

ACTIVITY	
TIMES PER WEEK	MINUTES

ACTIVITY	
TIMES PER WEEK	MINUTES

*C*heck with your local park district or community center for information about team sports, swimming, aerobics, bicycle paths and other activities you might enjoy.

# Relaxation, comfort, leisure and self-expression

Make a commitment to set aside time to relax. Start with a method that is easy to remember and simple to do. This can be especially helpful if you have symptoms of irritability, anxiety, or racing thoughts.

Spend some time doing things that make you feel good. If you are creative, don't hold back because you think that what you write or draw or sing isn't good enough. If it makes you feel better, it's good enough.

## Relaxation:

Listening to music, meditation, yoga, a long bath, deep breathing, muscle tension exercises

## Comfort:

Pets, gardening, cooking, crafts, spending time in a quiet place, spirituality, religious study

## Leisure:

Reading, watching sports, volunteering, crossword puzzles, movies, talking with a friend or family member

## Self-expression:

Writing, drawing, painting, singing, playing an instrument.

ACTIVITY

TIMES PER WEEK MINUTES

ACTIVITY

TIMES PER WEEK MINUTES

ACTIVITY

TIMES PER WEEK MINUTES

ACTIVITY

TIMES PER WEEK MINUTES

# R ELATIONSHIPS

If you have had trouble in relationships with family and friends, you are not alone. You can overcome this, one person at a time. Do your best to reach out to others and ask how they are doing. Be aware of the needs of those around you. Let others know your needs. Try to find ways to meet new people, or re-connect to people you've lost touch with. Educate others about mood disorders.

How does my illness affect my relationships?

---

---

---

---

In these relationships, are there things I'm doing that I can change to improve things? If so, what?

---

---

---

---

Are there relationships that are hurting me that I may need to end?

---

---

---

# M

## OOD TRACKING

Tracking your activities such as eating, sleeping and relaxing can help you see how much of an impact these things have on your moods. The charts on the next pages can help you see patterns. Take a few minutes each evening to fill them out. Make copies or draw your own, so you can use them every month. Share them with your health care provider(s).

## EDUCATION

MONTH/YEAR

List the names of **all** medications prescribed to you by your doctor(s), not just those for mood disorders. Write your dosage and the number of pills prescribed per day.

At the end of each day, write down how many pills you actually took. If you take your medication in the morning and evening, it might be helpful to use two lines, one for AM and one for PM.

[illegible]

## LIFESTYLE

MONTH/YEAR

Record your hours of nighttime sleep, number of meals and number of snacks.

Check the spaces next to the things that affected you that day, such as relaxation time or physical illness. Add some of your own if you want to.

[illegible]

## MONTH/YEAR

Look for patterns.

See how your daily moods relate to your lifestyle and your treatment.

[illegible]



# MEDICATIONS

It may take some time for you and your doctor to find the right medication(s) for you. It can also take several weeks for your medication to fully work. You might feel some side effects of your medication before you feel the benefits – that doesn't mean the medication doesn't work. Sometimes it's hard to tell if something (such as sleepiness, anxiety or headache) is a side effect or a symptom of your illness. Many side effects will go away as your body gets used to the medication.

Keep track of your side effects and talk about them with your doctor. He or she may prescribe an additional medication, adjust your dosage or change your medication.

***D**on't stop taking your medication, change your dosage or add any kind of medication without first talking with your doctor.*

SIDE EFFECT	WHEN & HOW SEVERE (1= NOT VERY/ 5 = EXTREMELY)	SUGGESTIONS FOR COPING
Lack of energy/ fatigue/ sleepiness		<ul style="list-style-type: none"><li>■ Change time of day medication is taken.</li><li>■ Exercise.</li><li>■ Change diet.</li></ul>
Dry mouth		<ul style="list-style-type: none"><li>■ Drink water.</li><li>■ Take care of teeth and mouth.</li></ul>
Weight gain		<ul style="list-style-type: none"><li>■ Eat low fat foods.</li><li>■ Reduce food portions.</li><li>■ Avoid junk food.</li><li>■ Increase physical activity.</li></ul>
Irritability		<ul style="list-style-type: none"><li>■ Ask doctor about adding a mood stabilizer and/or changing dosage.</li><li>■ Work on coping skills in therapy.</li></ul>

SIDE EFFECT	WHEN & HOW SEVERE (1= NOT VERY/ 5 = EXTREMELY)	SUGGESTIONS FOR COPING
Anxiety		<ul style="list-style-type: none"> <li>■ Ask doctor about taking an anti-anxiety medication or a mood stabilizer.</li> <li>■ Find out about breathing and relaxation exercises, meditation, yoga or biofeedback.</li> </ul>
Insomnia		<ul style="list-style-type: none"> <li>■ Change time of day take medication is taken.</li> <li>■ Go to sleep and wake up at the same time every day.</li> </ul>
Headaches/ blurred vision		<ul style="list-style-type: none"> <li>■ Ask doctor about changing dosage, spacing smaller dosages throughout the day, changing or adding medication.</li> </ul>
Shaking/trembling		<ul style="list-style-type: none"> <li>■ Ask doctor about changing dosage, spacing smaller dosages throughout the day, or adding a medication.</li> </ul>
Constipation		<ul style="list-style-type: none"> <li>■ Ask doctor about adding a medication or taking over-the-counter medication.</li> <li>■ Drink lots of water.</li> <li>■ Change diet.</li> </ul>
Diarrhea		<ul style="list-style-type: none"> <li>■ Take medication 30 minutes after meals, on a full stomach.</li> <li>■ Make sure it is not a symptom of another physical illness.</li> <li>■ Use over-the-counter medications.</li> </ul>
Nausea/vomiting		<ul style="list-style-type: none"> <li>■ Ask doctor about adjusting the dosage or spacing smaller dosages throughout the day.</li> <li>■ Take medication 30 minutes after meals on a full stomach.</li> </ul>



# TALKING TO HEALTH CARE PROVIDERS

You should see yourself as a partner with all of your health care providers. Don't feel intimidated by your providers or think that you are wasting their time with questions. Communicate your symptoms, feelings and needs. Write things down or bring someone with you to appointments to help you remember things.

---

## QUESTION/CONCERN

## ANSWER/COMMENT/SOLUTION

---

How long will it take to feel better  
and what can I do to improve my  
wellness/response to treatment?

---

Are there any foods or medications  
(including over-the-counter and  
"natural"/herbal) I need to avoid?

---

What should I do if I forget to  
take my medication?

---

Is there someone (such as a nurse)  
I can talk to if you aren't available?  
Can I e-mail you?

---

What should I do in an emergency  
if I can't reach you at your office?

---

---

---

---

# TALKING TO OTHERS ABOUT MY ILLNESS

It is your choice whether or not to tell others about your illness. Some people will be more understanding than others. It might be helpful to give some educational materials from DBSA to loved ones, or to refer them to DBSA's web site.

WHAT PEOPLE ASK ME	HOW I RESPOND
Can't you just snap out of it?	Mood disorders are real physical illness like diabetes. Can a person snap out of low blood sugar?
What's the difference between your medication and street drugs?	My medication balances my brain chemicals. It is not addictive and does not make me crave more the way street drugs do. It has been tested and found to be safe.
You have so many things to be happy about. Why are you depressed?	I have an illness that interferes with my ability to be happy. I am working on getting well so I can enjoy my life.

# STICKING WITH TREATMENT

Write down some of the things that might be standing in the way of your getting well. If you aren't going to your support groups or health care appointments or taking medications as prescribed, ask yourself why not, and if there's anything you can do to change that.

CHALLENGE	IDEAS
I don't like my support group.	<ul style="list-style-type: none"><li>■ Look for another group.</li><li>■ Start a new group.</li><li>■ Keep going and try to find something to like about it.</li><li>■ Try to reach out and help someone else in the group.</li><li>■ Look for other support resources.</li></ul>
I forget to take my medication.	<ul style="list-style-type: none"><li>■ Use a weekly pillbox/calendar.</li><li>■ Take them at the same time every day.</li><li>■ Put them where I can see them.</li><li>■ Take them with a meal.</li><li>■ Have someone remind me.</li></ul>
Treatment is too expensive.	<ul style="list-style-type: none"><li>■ Ask doctor if I can get free medication samples.</li><li>■ Space out therapy visits and develop coping skills to use between visits.</li><li>■ Use community services.</li></ul>
I feel better so I stop my treatment.	<ul style="list-style-type: none"><li>■ Remember that treatment is what helps me stay better.</li></ul>
I don't feel better.	<ul style="list-style-type: none"><li>■ Talk to my doctor/Change doctors.</li><li>■ Don't give up.</li><li>■ Go to support groups.</li><li>■ Learn all I can about my illness and my treatment.</li></ul>

[illegible]

IDEAS

---

---

---

---

# C

## CRISIS PLANNING

### Friends and family members who can help in a crisis

NAME	PHONE(S)
------	----------

NAME	PHONE(S)
------	----------

NAME	PHONE(S)
------	----------

### What they need to know

WHAT I MIGHT DO	HOW THEY SHOULD RESPOND
-----------------	-------------------------

Talk about hurting or killing myself	Remind me my life is worthwhile and things will change. Take away my keys and hold my medications. Stay with me. Call 911 or take me to the emergency room if necessary.
--------------------------------------	--

Talk faster than usual – say I have the answers to everything	Stay calm. Stay with me. Make sure I'm taking medication. Call my doctor.
---	---

*Being prepared can be very helpful if a crisis arises. It can ease the stress on your loved ones and help you get the assistance you need quickly.*



What do the doctors and emergency personnel need to know?

---

---

---

---

What can people say that helps me calm down?

---

---

---

---


Why is my life worthwhile?

---

---

---

---



*N*ever give up hope.

Depression and bipolar disorder have symptoms that can seem unbearable. Though it may be difficult to have patience, keep in mind that things will always change. Your mood will change; your situation will change; and the treatments available will change. Even if you don't feel better right away, keep going to your health care appointments and support group meetings, and stick with your wellness and lifestyle choices. **You can feel better.**



## Depression and Bipolar Support Alliance

We've been there. We can help.

The Depression and Bipolar Support Alliance (DBSA) is the leading patient-directed national organization focusing on the most prevalent mental illnesses. The organization fosters an environment of understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably.

Assisted by a Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders, DBSA has more than 1,000 peer-run support groups across the country. Three million people request and receive information and assistance each year. DBSA's mission is to improve the lives of people living with mood disorders.

---

### Depression and Bipolar Support Alliance

730 N. Franklin Street, Suite 501  
Chicago, Illinois 60610-7224 USA  
Phone: (800) 826-3632 or (312) 642-0049  
Fax: (312) 642-7243  
Web site: [www.DBSAlliance.org](http://www.DBSAlliance.org)

*Visit our updated, interactive website for important information, breaking news, chapter connections, advocacy help and much more.*

---

This brochure was reviewed by DBSA Scientific Advisory Board Member Eric Nestler, MD, Professor and Chairman at the University of Texas Southwestern Medical Center Department of Psychiatry, and by Ken Heideman of DBSA Boston, MA.

DBSA does not endorse or recommend the use of any specific treatment or medication for mood disorders. For advice about specific treatments or medications, individuals should consult their physicians and/or mental health care providers.



---

## MY MOST IMPORTANT "LIVING SUCCESSFULLY" LESSONS

1. The most important thing I learned about **myself** through the experience of this course is...

---

---

---

2. The most important thing I learned about **helping others** through the experience of this course is...

---

---

---

3. The most important thing I learned about **mood disorders** through the experience of this course is...

---

---

---



4. The most important thing I learned about **recovery** through the experience of this course is...

---

---

---

5. The most important thing I learned about **finding help and support** through the experience of this course is...

---

---

---

6. The one thing that I want to **always remember** from this course is...

---

---

---



---

## MESSAGES OF HOPE

1.

---

---

---

2.

---

---

---

3.

---

---

---

## My Plan for Living Successfully...

Building a plan to stay well and continually move toward recovery is a very popular practice among people living with mood disorders. A plan puts you in control of your wellness, and gives you a clear picture of what you're working for everyday. A recovery plan also prepares you and your supporters for dealing with the more difficult moments that your illness may bring on.

By taking the time to complete this plan, and to regularly review and revise your plan as needed, you are making an important step toward taking control of your life, your wellness, and your recovery.

This **Plan for Living Successfully** is *your* plan. You are in control of its completion, and it is entirely up to you to do so. It is very important to know that you have the power to decide if you want to build a plan, how much time you want to spend on it, who you want to share it with, and how you want to use it. You should feel free to add other parts to your plan, and to change it as you see fit. It is *your* plan.

You *might* want to consider doing the following things with your plan. Others have found these ideas to be valuable for them:

- Make regular appointments with yourself to review your plan.
- Discuss your plan with your loved ones, and agree on everyone's roles within the plan.
- Take your plan to your health care providers, and share it with them.
- Post key statements from your plan around your house or place of work to remind you to follow the plan that you've created.
- Regularly revise your plan to meet your current needs and desires.

This plan includes adaptations from the Wellness Recovery Action Plan© as described in *Wellness Recovery Action Plan* (Copeland, M. E. 2002 Dummerston, VT: Peach Press) and is used with the permission of Mary Ellen Copeland. For further information and resources go to the website [www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com), e-mail at [info@mentalhealthrecovery.com](mailto:info@mentalhealthrecovery.com), or contact the Copeland center for Wellness and Recovery at 1-866-IDOWRAP.

In giving permission for the use of this plan, it is understood that the program will reflect the Values and Ethics as defined in the curriculum *Mental Health Recovery including WRAP: Facilitator Training Manual* (M. (Copeland, 2002, Dummerston, VT: Peach Press)



## RECOVERY GOALS

In Week 3 of the Living Successfully Program, you worked on the idea of setting "Recovery Goals." Now you will write down between one and three of your Recovery Goals so that you have a clear vision of what you're working toward.

Remember to state as clearly as possible in a positive way what it is that you want to create in your life.

**Recovery Goal A:** *Within the next (time frame) \_\_\_\_\_, I choose to*

---

---

---

Steps to Achieving Goal A:

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_

**Recovery Goal B:** *Within the next (time frame) \_\_\_\_\_, I choose to*

---

---

---

Steps to Achieving Goal B:

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_

**Recovery Goal C:** *Within the next (time frame) \_\_\_\_\_, I choose to*

---

---

---

Steps to Achieving Goal C:

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_



## SYMPTOM AWARENESS

Building a plan for "Living Successfully" requires that you are aware of your symptoms, and regularly check your wellness. Being aware of your symptoms is a very important part of moving toward recovery.

Symptom	How Much Does This Affect My Life? (1= Not at all, 10=A Lot)
<b>Depression</b>	
Sad, empty, irritable or tearful mood most of the day, nearly every day	
No interest in or pleasure from activities once enjoyed	
Major changes in appetite or body weight	
Insomnia or sleeping too much	
Feelings of restlessness	
Fatigue, exhaustion, lack of energy	
Feelings of worthlessness or excessive guilt	
Inability to concentrate or make decisions	
Thoughts of death or suicide	
<b>Mania</b>	
Feeling overly energetic, "high," "better than good," or unusually irritable for at least one week	
Very high self-esteem, feeling like you can do anything	
Decreased need for sleep without feeling tired	
Talking more than usual, feeling pressure to keep talking	
Racing thoughts, many ideas coming all at once	
Distracted easily, thoughts or statements jumping topic-to-topic	
Increase in goal-directed activity, restlessness	
Excessive pursuit of pleasure (e.g., financial or sexual) without thoughts of consequences	
<b>Other Symptoms</b>	
Drinking/using substances	
Overeating	
Obsessions	
Anxiety	
Panic Attack	
Delusions (strange or bizarre thoughts)	
Hallucinations (seeing or hearing things)	





---

## ME WHEN I'M HEALTHY

### Defining My Wellness

*What am I like when I am feeling/doing well?*

---

---

---

*What are the things that help me maintain or regain the quality of life that I like? (you can add more detail later)*

---

---

---

*The Top 10 Ways to know that I am feeling/doing well:*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_



## **ME WHEN I MIGHT BE GETTING SICK**

Make a list of your **early warning signs** (feelings, thoughts, sensations, behaviors) you or others have noticed:

*Examples: Decreased sleep time. Don't feel like I need my meds. Not hungry for regular meals.*

---

---

---

---

---

Make a list of your events and/or circumstances that might **trigger** an increase in your symptoms:

*Examples: Visiting with Aunt Carol. Staying out/partying on the weekends. Overnight travel.*

---

---

---

---

---

## RESTORING WELLNESS

**Sleep:** Different people need different amounts of sleep to stay well. If you start to need more or less sleep than usual, it may be a sign of depression or mania. A regular sleep schedule helps improve the quality of your sleep and how restful it is.

What keeps me from falling asleep or waking up?	What can I do?
<i>Too many things to do before bedtime.</i>	<i>Make a list. Start doing things earlier. Save some until tomorrow.</i>

**TIP:** It helps to wake up at the same time every day. To help you wake up, set your bedroom lights on a timer, or have someone in your home turn them on for you.



**Nutrition:** It's important to eat regularly, even if your appetite and energy are low. Drink at least eight glasses of water a day – more if you exercise. Watch for major changes in your appetite that might be signs of a depressive or manic episode.

Keep in mind that eating a balanced diet is very important. Ask your doctor about the diet that is right for you.

What eating habit or nutrition challenges do I face?	What can I do?
<i>Cravings for sweets – tend to overeat</i>	<i>Eat healthier or lower-fat snacks. Eat smaller portions.</i>

**TIP:** Keep foods on hand that are healthy and easy to eat like yogurt, fresh fruit and bagels.



Depression and Bipolar  
Support Alliance

**LIVING SUCCESSFULLY**  
*Community Education Program on  
Living with a Mood Disorder*

**Exercise:** Exercise doesn't have to be exhausting or expensive. Even a short walk several times a week can help you feel better. You can also work more physical activity into your daily routine. For example, take the stairs instead of the elevator, get off the bus before your stop and walk, or park your car at the far end of the parking lot.

Talk to your doctor before beginning any exercise program. Have regular physical exams.

Activity that I can try:	Frequency & Amount
<i>Walking around the block after lunch</i>	<i>At least three times per week. ½ mile.</i>

**TIP:** Check with your local park district or community center for information about team sports, swimming, aerobics, bicycle paths and other activities you might enjoy.



**Relaxation, comfort, leisure and self-expression:** Make a commitment to set aside time to relax. Start with a method that is easy to remember and simple to do. This can be especially helpful if you have symptoms of irritability, anxiety, or racing thoughts. Spend some time doing things that make you feel good. If you are creative, don't hold back because you think that what you write or draw or sing isn't good enough. If it makes you feel better, it's good enough.

**Relaxation:** *Listening to music, meditation, yoga, a long bath, deep breathing, muscle tension exercises.*

**Comfort:** *Pets, gardening, cooking, crafts, spending time in a quiet place, spirituality, religious study.*

**Leisure:** *Reading, watching sports, volunteering, crossword puzzles, movies, talking with friends or family.*

**Self-expression:** *Writing, drawing, painting, singing, playing an instrument.*

Activity that I can try:	Frequency
<i>Talking with my spiritual advisor.</i>	<i>At least once every other week.</i>



**Relationships:** If you have had trouble in relationships with family and friends, you are not alone. You can overcome this, one person at a time. Do your best to reach out to others and ask how they are doing. Be aware of the needs of those around you. Let others know your needs. Try to find ways to meet new people, or re-connect to people you've lost touch with. Educate others about mood disorders.

How does my illness affect my relationships?

*Examples: When I feel depressed, I sometimes am impatient with my son.*

---

---

---

In these relationships, are there things I'm doing that I can change to improve things? If so, what?

*Examples: I can have regular meetings with my spouse to discuss my current mental health..*

---

---

---

Are there relationships that are hurting me that I may need to end?

*Examples: I need to avoid Jerry at work... he always makes me think of the negative things in my life.*

---

---

---

## **CRISIS PLAN MANAGEMENT**

What are the signs that I am in crisis? \_\_\_\_\_  
\_\_\_\_\_

What are the signs that I need someone to take over making decisions for me and/or go with me to the hospital?  
\_\_\_\_\_  
\_\_\_\_\_

Which person or people would I prefer to help me in crisis? \_\_\_\_\_  
\_\_\_\_\_

Which medications or treatments are most helpful if a crisis occurs? Which should be avoided? \_\_\_\_\_  
\_\_\_\_\_

Where would I prefer to be treated or hospitalized if that is necessary? Which facilities would I like to avoid if possible? \_\_\_\_\_  
\_\_\_\_\_

What can others do for me that would help reduce my symptoms or make me more comfortable? \_\_\_\_\_  
\_\_\_\_\_

How will I know when I have recovered from a crisis? (*you may want to refer to the section, "Me When I'm Feeling Well."*) \_\_\_\_\_  
\_\_\_\_\_

Things that I need to do for myself every day while I am recovering from a crisis: \_\_\_\_\_  
\_\_\_\_\_

Things that can wait until I feel better: \_\_\_\_\_  
\_\_\_\_\_





Depression and Bipolar  
Support Alliance

**LIVING SUCCESSFULLY**  
*Community Education Program on  
Living with a Mood Disorder*

## MY KEY SUPPORTERS – HELPFUL PEOPLE

Family or Friend Contact

Phone(s)

Address

Family or Friend Contact

Phone(s)

Address

Health Care Provider

Phone(s)

Address

Health Care Provider

Phone(s)

Address

**Suicide Lifeline:**  
**(800) 273-TALK (8255)**

**Support Group Contact:**

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Local Crisis Help Line:**

Phone: \_\_\_\_\_

**Peer Support Contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



Depression and Bipolar  
Support Alliance

**LIVING SUCCESSFULLY**  
*Community Education Program on  
Living with a Mood Disorder*

---

## MY MEDICATION

---

Medication/Supplement Name	Daily Dose	# of pills per day	Prescribing Doctor
----------------------------	------------	--------------------	--------------------

---

Medication/Supplement Name	Daily Dose	# of pills per day	Prescribing Doctor
----------------------------	------------	--------------------	--------------------

---

Medication/Supplement Name	Daily Dose	# of pills per day	Prescribing Doctor
----------------------------	------------	--------------------	--------------------

---

Medication/Supplement Name	Daily Dose	# of pills per day	Prescribing Doctor
----------------------------	------------	--------------------	--------------------

**To avoid bad side effects, I must:**

---

---

**Medication Allergies:**

---

# Using this calendar to track your mood

This calendar helps you monitor your mood on a daily basis. It can help you and your health care professional review your symptoms and treatment.

At the end of each day, take a few moments to think about your day, what you experienced, how you felt, how you acted, etc. Then simply follow these steps for recording the information.

## 1. Medications/Herbal supplements

List all the medications and supplements you take in the spaces provided, including the daily dosages and number of pills that should be taken each day. At the end of each day, write the exact number of tablets or capsules of each medication that you actually took in the appropriate day's space.

## 2. Alcohol or drug use

Put a check mark in the appropriate space if you drank or used drugs.

## 3. Hours of sleep

Estimate the number of hours of sleep you had the previous night.

## 4. Rate the severity of your mood episodes

Indicate how your mood has affected your ability to function at home, work, or school by putting an **X** in the appropriate space.

Use the following scale as reference:

### MANIA

Severe	Family and friends want me in the hospital
High moderate	Much feedback that behavior is strange or bizarre
Low moderate	Some feedback that behavior is difficult or odd
Mild	Very energetic; functioning may be enhanced or slightly disorganized

### STABLE MOOD

### DEPRESSION

Mild	Low mood; essentially no impairment in usual functioning
Low moderate	Some extra effort needed in usual roles
High moderate	Much extra effort needed; marked difficulty in usual routines
Severe	Largely unable to function because of depression

## 5. Record mixed states

If you have symptoms of mania and depression at the same time (a mixed state) put a check mark (✓) in the appropriate day's space.

## 6. Rate your overall mood

Rate your mood for the day and write a number based on the mood scale below.



## 7. Record the number of mood changes

Enter the approximate number of times your mood changed during the day.

## 8. Record anxiety symptoms

Place a check mark (✓) by the days you have symptoms of anxiety, panic, or excessive worry.

## 9. Record other symptoms, both physical and mental

List any physical or mental symptoms you have that interfere with your life, such as loss of appetite, pain, nausea, paranoia or thoughts of suicide. Rate the effect of each symptom on the day(s) you have it.



## 10. Record significant life events, both positive and negative

Record significant positive and negative events each day, such as an argument with a loved one, illness in the family, a promotion at work or anything else that affects you. Rate the impact of each event on the day(s) the event affects you.



MONTH \_\_\_\_\_

YEAR \_\_\_\_\_

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
MEDICATION/SUPPLEMENT NAME		DAILY DOSE	# OF PILLS PER DAY	TOTAL NUMBER OF PILLS TAKEN PER DAY																														
USED ALCOHOL/DRUGS (✓) IF YES																																		
HOURS OF NIGHTTIME SLEEP																																		
SEVERE <small>Essentially incapacitated or HOSPITALIZED</small>																																		
HIGH MODERATE <small>GREAT difficulty with goal-oriented activity</small>																																		
LOW MODERATE <small>SOME difficulty with goal-oriented activity</small>																																		
MILD <small>More energized &amp; productive; usual routine not affected much</small>																																		
STABLE																																		
MILD <small>Usual routine not affected much</small>																																		
LOW MODERATE <small>Functioning with SOME effort</small>																																		
HIGH MODERATE <small>Functioning with GREAT effort</small>																																		
SEVERE <small>Essentially incapacitated or HOSPITALIZED</small>																																		
MIXED STATE (✓) IF YES																																		
MOOD (0 — 10) <small>-10 ..... 0 ..... +10 Most depressed ever      Balanced      Most manic ever</small>																																		
NUMBER OF MOOD CHANGES																																		
ANXIETY SYMPTOMS (✓) IF YES																																		
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

## OTHER SYMPTOMS

INTERFERENCE WITH LIFE (0=LEAST; 10=MOST)

## LIFE EVENTS

IMPACT (-10=MOST NEGATIVE; 10=MOST POSITIVE)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----