Wellness and Recovery Workbook

This Wellness and Recovery Workbook is based on Action Planning for Prevention and Recovery from the Substance Abuse and Mental Health Services Administration. You can use it daily as a guide, and you can also turn to it at times of difficulty. It is designed to help you learn about yourself, what may help keep you well, and what may not. It may help you gain control over your symptoms when things get worse. If you need help filling this workbook out, ask your family or caregivers for help. This workbook also includes instructions for your family or caregivers to help guide them on how best to help you when your symptoms have made it difficult for you to care for yourself.

If your symptoms are getting worse, you should contact a member of your treatment team right away.
The Workbook

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This workbook belongs to you and you decide how to use it. You decide who to show it to and you decide whether you want someone to work with you on it or not.
You decide how much time to spend on it and when to do it.
Describe things that may help you stay well and are important to you. What other things might help you stay well that you haven’t tried before?

These are things that may help me stay well and work for me: __________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

These are the things that mean a lot to me, and inspire me. They remind me of my values: __________________________

______________________________

______________________________

______________________________

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______________________________

These are some things that I would like to try to see if they would support my wellness: __________________________

______________________________

______________________________

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______________________________

______________________________

______________________________
My Daily Maintenance Plan

Describe what you feel like when you are feeling good, and what you feel that you need to do to stay well.

When I feel well, I am: 

This is what I feel that I need to do for myself every day to keep myself feeling as well as possible: 

These are other things I can do (not every day), to help keep my overall wellness and sense of well-being: 

These are other things that I know I need to do to hopefully stay well, but for some reason I do not do them: 
Triggers are things that happen to us that may set off a chain reaction of uncomfortable or unhelpful behaviors, thoughts or feelings. This section will help you identify your triggers and what to possibly do about them. Please contact your treatment team if you are experiencing relapse triggers.

What are my triggers? ____________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

What can I do about these triggers? _________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

What can I do to avoid or limit my exposure to things that trigger me? ______________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

What can I do when I am triggered to keep things from getting worse? ______________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________


Early warning signs are small changes in the way you think, feel, or act, which indicate you may need to take action to avoid a worsening of your condition or situation.

What are my early warning signs?

What action can I take when I recognize the early warning signs?
When Things Start
Breaking Down or Getting Worse

This section of the workbook describes how you feel when things get bad. You should let someone on your treatment team know right away how you are feeling.

When my situation becomes uncomfortable, this is how I think and feel, and how I act:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What can I do to reduce these difficult and unpleasant experiences, and possibly keep things from getting worse? __________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
In difficult times, there are things that other people may be able to help you with that would make you more comfortable. There are other things that people may have done in the past that were not helpful. Tell others what these things are so they can best help you. Remember, you should always talk to your treatment team about how your feeling.

If I am having a difficult time, these are things that may help me feel more comfortable:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Here is a list of things that I feel are NOT helpful, and might make me feel worse:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Supporters

List people you want to help you during difficult times. They can be family members, friends or health care professionals. You may want to name specific people for certain tasks. Examples include people to stay with you or take you to health care appointments. Other people might help do things like take care of pets or children or pay your bills.

**These are my supporters:**

Name: ____________________________
Relationship to me: ____________________________
Phone number: ____________________________
How they can help me: ____________________________

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This part of your workbook lists your important doctors and medication, and other aspects of treatment. First, please let others know which doctors you currently go to for treatment.

My **General Doctor** is (name): ____________________________________________
Phone number: __________________________________________________________

My **Psychiatrist** is (name): _____________________________________________
Phone number: __________________________________________________________

My **Therapist** is (name): _____________________________________________
Phone number: __________________________________________________________

My **Other Important Health Care Provider** is (name): _______________________
Phone number: __________________________________________________________
List of Medications

List the medication you are currently taking, why you are taking it, and who prescribed it.

I am currently taking the following medications:

Medication 1: ____________________________________________________________
What is it for: __________________________________________________________
Who prescribed it: _______________________________________________________

Medication 2: ____________________________________________________________
What is it for: __________________________________________________________
Who prescribed it: _______________________________________________________

Medication 3: ____________________________________________________________
What is it for: __________________________________________________________
Who prescribed it: _______________________________________________________

Medication 4: ____________________________________________________________
What is it for: __________________________________________________________
Who prescribed it: _______________________________________________________

Medication 5: ____________________________________________________________
What is it for: __________________________________________________________
Who prescribed it: _______________________________________________________

Medication 6: ____________________________________________________________
What is it for: __________________________________________________________
Who prescribed it: _______________________________________________________
Medication to Avoid

In the past, you may have taken a medication that you were allergic to. If you need to change your medication again, it would be helpful for others to know what medication you are allergic to so they do not give it to you again.

I am allergic to the following medications:

Medication 1: 

Medication 2: 

Medication 3: 

Medication 4: 

Medication 5: 

Medication 6: 

Medication 7: 

What is it for: 

Who prescribed it: 

Medication 8: 

What is it for: 

Who prescribed it: 

Medication 9: 

What is it for: 

Who prescribed it: 

Medication 10: 

What is it for: 

Who prescribed it: 

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What is it for: 

Who prescribed it:
Other Kinds of Treatment

Medications are not the only thing that helps people feel better. Sometimes other types of treatment like talk therapy or group therapy also help. There are also treatments that may have made you feel worse.

**In the past, I feel that the following treatments have helped me get well:**

- Treatment 1: ____________________________________________________________
- Treatment 2: __________________________________________________________
- Treatment 3: __________________________________________________________
- Treatment 4: __________________________________________________________
- Treatment 5: __________________________________________________________

**These are treatments I have tried in the past that do not work or treatments I do not want to try:**

- Treatment 1: ____________________________________________________________
  Reason to avoid: _________________________________________________________
- Treatment 2: ____________________________________________________________
  Reason to avoid: _________________________________________________________
- Treatment 3: ____________________________________________________________
  Reason to avoid: _________________________________________________________
- Treatment 4: ____________________________________________________________
  Reason to avoid: _________________________________________________________
- Treatment 5: ____________________________________________________________
  Reason to avoid: _________________________________________________________
If you do need to go to a hospital or other facility to help with your treatment, are there ones where you have been before that you would not mind returning to?

If I need to go to a facility to help me get better, I would prefer to go to one of these places:

Facility 1: 
Facility 2: 
Facility 3: 
Facility 4: 

If My Symptoms Are Becoming Unbearable

If your actions are potentially harmful to yourself or other people, please let others know who to call on your treatment team.

Here's the contact information for my treatment team:

My General Doctor is (name): ____________________________
Phone number: ____________________________

My Psychiatrist is (name): ____________________________
Phone number: ____________________________

My Therapist is (name): ____________________________
Phone number: ____________________________

My Other Important Health Care Provider is (name): ____________________________
Phone number: ____________________________
Congratulations!

You have completed your *Wellness and Recovery Workbook*! This workbook is yours, and you can update it at any time. Remember, it can be used as a daily guide or as a resource in times of difficulty. Wellness is a process. If your situation changes or you think of something else to add, you can make changes to the workbook.
Questions? Concerns?

Never hesitate to ask. You have a right to know everything about your health and your care.

If you have any questions or concerns about your condition or your care, ask your doctor, pharmacists, or member of your treatment team right away. They are there to help you.