Depression and Bipolar Wellness Guide

for teens with depression or bipolar disorder
This guide is for teens who are:

- Diagnosed with depression or bipolar disorder (manic depression).
- Taking medication, in talk therapy, or both.

This guide is designed for informational purposes only. It is not intended to provide specific medical advice or as a substitute for professional care. If you experience symptoms of an illness, or if you have personal questions or concerns about depression, you should consult with a qualified health care clinician.
Do you feel this way?

☐ I feel depressed and empty.
☐ Nothing is fun anymore.
☐ The slightest thing can make me mad or very upset.
☐ I don't have energy, and I'm tired.
☐ I feel unhappy and bored with everything.
☐ I don't enjoy activities that I used to enjoy.
☐ My friends don't like me.
☐ I'm not as good-looking or smart as other people.
☐ I can't sleep.
☐ I don't feel like eating.
☐ I sleep too much.
☐ I'm hungry all the time.
☐ I can't concentrate on my schoolwork.
☐ I don't trust anyone.
☐ Nobody understands me.
☐ Drinking alcohol numbs my pain.
☐ Doing drugs numbs my pain.
☐ I wish I had never been born.

Your clinician (doctor or therapist) has determined that you have depression or bipolar disorder and will work with you and your parents to treat your condition. By getting treatment, you will feel better.
Do you think about hurting yourself?

- I feel like dying.
- Everyone would be better off without me.
- If I kill myself they will understand how I am feeling.

If you feel like hurting yourself, you may be suicidal. You need to tell your parents or a responsible adult (like a teacher, coach, or school counselor) and your clinician right away.

Who to call for help

- Your clinician
- 911
- 1-800-273-TALK (1-800-273-8255)
- Your local hospital emergency room

Wanting to die or thinking about suicide is common for teens who have depression or bipolar disorder. Your thoughts about death are part of a medical condition that needs treatment. Make sure your clinician and your parents know you have these feelings so they can help you.
Depression and bipolar disorder are called mood disorders. They are illnesses like diabetes or heart disease. Your depression or bipolar disorder is treatable too. If you had a broken arm, a sore throat or an itchy rash, you’d ask for help, get medication or treatment, and get well. With medical attention for your mood disorder, you will also get well.

Even though you may feel all alone, you need to know that you are not. One out of every eight teens has what you have. For some teens, depression or bipolar disorder is mild; for others, it’s severe.

Nerves in the brain produce natural chemicals that affect our moods, attitudes and feelings. In teens with mood disorders, these brain chemicals don’t work the right way or are out of balance. Also, difficulty with friends, stressful situations in school or at home, and other problems can make the illness worse.

There are several types of mood disorders.

**Major depression** is the most common. Major depression means that you have felt depressed or irritable or have lost pleasure and interest in your usual activities for at least two weeks.

**Dysthymia** (pronounced ‘dis-thigh-me-ah’), also called chronic depression, is another form of depression. The feelings are less intense than they are with major depression, but they last a lot longer — for at least one year.

**Bipolar disorder** also called manic depression, includes periods of being depressed but also periods when you might feel even better than normal, feel so overly energetic that you don’t even want to sleep, or feel you can do things that you really can’t or shouldn’t do.

**How does treatment help?**

With treatment for depression or bipolar disorder, you will likely:

- Feel better and get better faster
- Improve your friendships and your relationships with your parents and siblings
- Do better in school

Remember, teens who have mood disorders need treatment to get well.
Has there ever been a time when you were not your usual self when ...

☐ You felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?

☐ You were so irritable that you shouted at people or started arguments, even fights?

☐ You felt much more self-confident than usual?

☐ You got much less sleep than usual and found you didn’t really miss it?

☐ You were much more talkative or spoke much faster than usual?

☐ Thoughts raced through your head or you couldn’t slow your mind down?

☐ You were so easily distracted by things around you that you had trouble concentrating or staying on track?

☐ You had much more energy than usual?

☐ You were much more active or did many more things than usual?

☐ You were much more social or outgoing than usual — for example, you phoned friends in the middle of the night?

☐ You were much more interested in sex than usual?

☐ You did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?

☐ You spent a lot of money or got yourself or your family into trouble?

If you have some of these feelings, be sure to discuss them with your clinician, if you haven’t already. These are signs of bipolar disorder.
How are mood disorders treated?

Because other physical illnesses can cause feelings and behaviors similar to those of depression and bipolar disorder, your treatment will probably start with a medical check-up. Your clinician will ask questions about your feelings, your home, school and work life, and drug and alcohol use.

Sometimes mood disorders run in families. Discovering feelings and behaviors in yourself that you have seen in a parent or relative can be upsetting. This is normal. If you feel this way, it is important to talk about it with your clinician.

Often teens with mood disorders use alcohol and drugs and have anxiety or other problems. These problems should be treated as well.

Treatment may include talk therapy. Usually, once every week or every two weeks to start, you will meet with a therapist who will encourage you to share your thoughts and feelings. Talking to a person you don’t know well about these feelings may seem a little weird at first, but you can trust your therapist. There are rules about your talks being private, which your therapist will discuss with you. Talk therapy will help you to express and understand your feelings and their effect on your behavior.

Your clinician may also give you medication to treat your mood disorder and will monitor you to see how it is working.
How will I get well?

- Follow your treatment plan — for example, take your medication if it’s been prescribed, and go to your therapy appointments.
- Exercise and eat right. Get plenty of sleep.
- Stay away from alcohol and drugs.
- Get support. Talk to your clinician, parents, and friends. Consider joining a support group for teens with depression or bipolar disorder.
- Monitor your treatment, working with your parents and clinician (see the “Three-Step Wellness Approach” in this booklet).

Although you may not notice changes right away, you will gradually begin to feel better. Use the Monitoring Diary in this booklet to keep track of how you feel. This is an easy and effective way to see how your treatment is working. Continue with treatment, and discuss how you’re doing with your clinician so that he or she can make changes, if necessary.

Because every teen is unique, treatments work differently from person to person. By monitoring how you are doing, you will help to make sure your treatment is working well.
What’s wrong with alcohol and drugs?

Teens with depression and bipolar disorder often turn to alcohol and illegal drugs to try to ease their pain. But this just makes the pain get worse. That’s because:

- Alcohol actually makes you more depressed.
- Drugs (including marijuana) change your brain chemistry and stop growth so that your brain won’t develop properly.
- Drugs (including marijuana) and alcohol stop your medication from working and can cause serious unwanted side effects.
- Drugs and alcohol can also cause addiction.

Visit www.stopdrugaddiction.com

What if I need to take medication?

Your clinician needs to monitor your medication very carefully, so be sure to take the medication every day and never skip doses. Ask your clinician what to do if you accidentally forget to take your medicine.

If you have any bad reaction to the medication, tell your parents or clinician right away. Bad reactions can include physical complaints like a rash, upset stomach or headache, or emotional complaints like an increase in bad feelings or thoughts. Your clinician will talk with you in more detail about this.

If you have been given medication, take it exactly as directed.
How long will it take to get well?

Many times, weeks or months will pass before you notice any results.

When you begin to feel better, you and your clinician will decide on how long treatment will last. Usually the “physical” symptoms of depression (problems with sleep, appetite, energy and concentration) get better first, then your thinking and feelings improve.

Just because your feelings of depression come and go, it doesn’t mean you don’t have a mood disorder. You still need to continue your medication or therapy to stay well.

What if I don’t want to talk to my parents?

You may not feel comfortable telling your parents your thoughts. Maybe you feel like you can’t trust them, or they have problems of their own to deal with, so you feel guilty bothering them. Maybe you think your parents won’t understand you, punish you, make fun of you or embarrass you by telling others what you’ve said.

Usually, parents really want to help. Your clinician might be able to help you improve communications with your parents.

It’s best when parents monitor the treatment with you. You, your clinician and parents will need to discuss the most comfortable way to monitor your treatment together. This may mean sharing a few sentences about your thoughts and feelings each day, or showing your parents the Monitoring Diary. Remember, your parents want to help although they may need support to help you in a way that feels right to you.

Families sometimes get used to ways of communicating that aren’t the best. These communication habits might even contribute to your depression. Changing old habits can be difficult, so expressing your feelings in new ways might upset your parents at first. But with your clinician’s support and help, communication changes can be made that are good for the whole family.
What if I don’t want to talk to my clinician?

To get better and stay better, you really do need to share your feelings with your clinician. Talking about your problems may be very scary and difficult at first, but your clinician is trained to help you deal with your thoughts and feelings.

Most of what you say and discuss with your clinician is confidential and private. This way, you can feel free to tell your clinician your deepest feelings, even if they are scary, hateful, embarrassing or disturbing.

If you have concerns about privacy, explain your feelings to your clinician. Fear of your parents’ involvement should not stop you from getting help.

Over time, if you still don’t feel like you can trust your clinician — even with privacy rules in place — or if you feel you are not making progress, think about finding a new clinician. Talk to your parents or your clinician about how you feel.

What if I don’t want to take my medication?

When a person is sick, clinicians prescribe medication to help treat the illness. Medications used for depression and bipolar disorder do not cause addiction. It is important to talk about how you feel about medication to your clinician. If you have worries or objections, those need to be understood.

As with all medications, there are side effects. You should report these to your clinician, who may adjust the dosage or switch your medication. But do not stop taking the medicine on your own because you may experience unwanted effects.
**What if I’m feeling worse, not better?**

If you are feeling worse, tell your parents and/or clinician. The questions below can help you understand what to do.

<table>
<thead>
<tr>
<th>Question</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has your condition worsened at all?</td>
<td>If yes, tell your parents right away, and contact your clinician.</td>
</tr>
<tr>
<td>(See Step 1 of the 3-Step Monitoring Approach)</td>
<td></td>
</tr>
<tr>
<td>2. Have you had thoughts of hurting yourself today?</td>
<td>If yes, tell your parents right away, and contact your clinician.</td>
</tr>
<tr>
<td></td>
<td>If the clinician or your parent isn’t available, call 911, or go to the nearest hospital emergency room.</td>
</tr>
<tr>
<td>3. Do you have a plan to hurt yourself?</td>
<td>If yes, tell your parents right away, and contact your clinician.</td>
</tr>
<tr>
<td></td>
<td>If the clinician or your parent isn’t available, call 911, or go to the nearest hospital emergency room.</td>
</tr>
<tr>
<td>4. Have you tried to hurt yourself today?</td>
<td>If yes, tell your parents right away, and contact your clinician.</td>
</tr>
<tr>
<td></td>
<td>If the clinician or your parent isn’t available, call 911, or go to the nearest hospital emergency room.</td>
</tr>
<tr>
<td>5. Are you experiencing any of these feelings?</td>
<td>If you have any of these feelings, tell your parents right away, and contact your clinician.</td>
</tr>
<tr>
<td>• I feel really anxious (like your heart is beating fast or something terrible is going to happen).</td>
<td></td>
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<tr>
<td>• I can’t sleep or stay asleep.</td>
<td></td>
</tr>
<tr>
<td>• I feel really angry, like I want to break things or hurt people.</td>
<td></td>
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<tr>
<td>• I feel like I want to blow up, yell, and scream.</td>
<td></td>
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<tr>
<td>• I feel like I can’t hold back or like I don’t have any control over myself.</td>
<td></td>
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<tr>
<td>• I can’t sit still.</td>
<td></td>
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<tr>
<td>• I feel like I am crawling out of my skin.</td>
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</tbody>
</table>
### Question

6. Are you having any of these feelings?

- My mood changes suddenly. I feel on top of the world, then a minute later I feel like nothing goes right for me.
- I feel like I can accomplish anything (like a superhero).
- I don’t need much sleep and am not tired.
- I talk fast and change the subject a lot.
- Sometimes I think so fast my mouth can barely keep up with my ideas.
- I spend too much money on things, and it gets me in trouble.
- I drive fast and sometimes recklessly.
- I think about sex all the time (more than my friends).
- I say out loud the things other people are afraid to say.
- I am easily distracted by things around me, and I can’t concentrate.
- I feel much more social and outgoing than usual (for example, I telephoned friends in the middle of the night).
- I did things that were unusual for me and that others thought were excessive, foolish, or risky.

### What to do

If one or more of these describes you, either now or in the past, tell your clinician and your parents right away.
To get well, it is necessary to keep track of your progress by monitoring your treatment. The Three-Step Wellness Approach will help you create goals for your wellness and alert you to reactions you need to discuss with your clinician.

Try to monitor your treatment by working closely with your parents and your clinician. Discuss with them how best to work together. It’s natural to want more independence, but teens with mood disorders usually need their parents’ support. As you get better with treatment, you can be more independent again. With time and treatment, you will get well.

The Three-Step Wellness Approach works like this:

**Step 1: Define Wellness.** A worksheet will help you define what is well and not well, state your treatment goals, and identify signs and life events that would signal worsening depression.

**Step 2: Define Mood Patterns.** The worksheet will help you define how your mood affects your life.

**Step 3: Record Daily.** In the Monitoring Diary, you will record mood, medications, wellness, and other information.

Don’t like writing? Then type on your computer instead.
Download the electronic (Excel) version of the 3-step Monitoring approach at www.familyaware.org
Step 1: Define Wellness

Your Wellness Worksheet
Define what feeling well, okay, and not well means below.

😊 What is well?
(For example, I think clearly. I feel like making plans to do fun activities with my friends.)

😊 What is feeling okay?
(For example, I do what I have to, but it is a struggle to get through the day.)

😊 What is not well?
(For example, I feel like nothing matters. I feel guilty and really anxious.)
**What makes you worse or better?**

Can you identify when the depression and mania is getting worse?
*(For example, I start to feel really tired.)*

What stressful events make you feel worse?
*(For example, I fight with my boyfriend.)*

What are helpful activities you can do?
*(For example, I talk to my friends on the phone or go to the gym.)*

**What are your wellness goals?**

What are your short-term goals?
*(For example, I will go to school every day.)*

What are your long-term goals?
*(For example, I want to feel excited about track again and happy with my boyfriend.)*
### Step 2: Define Mood Patterns

#### How Does Your Mood Affect Your Life?

Fill this out for a week and share with your clinician. Ask your clinician how often you might fill this out.

<table>
<thead>
<tr>
<th>Sun</th>
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</table>

1. Note your mood most of the day:
   - Happy (H)
   - Mad (M)
   - Cranky (C)
   - Sad (S)

2. Sleep:
   - More (M)
   - Less (L)
   - Not at all (N)
   - Usual (U)

3. How mad/sad/happy did you feel during your mood change?
   - Mild (M)
   - Moderate (MO)
   - Severe (S)

4. If your mood changed, did something happen before it changed? 
   If yes, describe.
   - Tuesday - I had a fight with one of my friends.
   - Friday - I did badly on a test.

5. How long did this mood last?
   - 5 min
   - 15 min
   - 30 min
   - 60 min
   - 1/2 Day
   - Full Day

6. What was your mood like after the event?
   - Happy (H)
   - Mad (M)
   - Cranky (C)
   - Sad (S)
   Please describe.
   - Both days - I just wanted to sleep and not talk to anyone.

7. How often does your mood change during the day?
   - Minutes (M)
   - Hours (H)
   - Twice a day (D)

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8. When angry, do you do any of the following: Swear, yell, cry, throw or destroy your or others’ stuff, hit others or self? If yes, describe.

   On both days, I threw my stuff around my bedroom. It was a mess.

9. When you feel like you have energy, are you able to get more projects done, feel creative, feel like you don’t need sleep? If yes, describe.

   Yes, there are nights I do not need to sleep at all. I can watch TV all night.

10. Do you have thoughts of cutting or hurting yourself? Yes(Y)*

11. Did you drink alcohol or use drugs? (e.g. marijuana) Yes(Y) What was used? Alcohol

12. Did anything help to improve your mood? Yes(Y) If yes, describe.

   When I talk to some friends.

13. For Girls: Was this behavior around the time of your menstrual period? Yes(Y)

14. Is there a time of year your mood is worse? Winter Spring Summer Fall Winter is hard for me.

*If yes, contact your clinician and parents right away.
### Step 2: Define Mood Patterns

#### How Does Your Mood Affect Your Life?

Fill this out for a week and share with your clinician. Ask your clinician how often you might fill this out.

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1. **Note your mood most of the day:**
   - Happy (H)
   - Mad (M)
   - Cranky (C)
   - Sad (S)

2. **Sleep:**
   - More (M)
   - Less (L)
   - Not at all (N)
   - Usual (U)

3. **How mad/sad/happy did you feel during your mood change?**
   - Mild (M)
   - Moderate (MO)
   - Severe (S)

4. If your mood changed, did something happen before it changed?
   - If yes, describe.

5. **How long did this mood last?**
   - 5 min
   - 15 min
   - 30 min
   - 60 min
   - 1/2 Day
   - Full Day

6. **What was your mood like after the event?**
   - Happy (H)
   - Mad (M)
   - Cranky (C)
   - Sad (S)
   - Please describe.

7. **How often does your mood change during the day?**
   - Minutes (M)
   - Hours (H)
   - Twice a day (D)
8. When angry, do you do any of the following:
Swear, yell, cry, throw or destroy your or others’
stuff, hit others or self?
If yes, describe.

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9. When you feel like you have energy, are you able
to get more projects done, feel creative, feel like you
don’t need sleep?
If yes, describe.

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</table>

10. Do you have thoughts of cutting or hurting yourself?
Yes(Y)*

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</table>

11. Did you drink alcohol or use drugs? *(e.g. marijuana)*
Yes(Y)  What was used?

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<tr>
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</table>

12. Did anything help to improve your mood?
Yes(Y)  If yes, describe.

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</table>

13. For Girls: Was this behavior around the time of your
menstrual period?  Yes(Y)

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</thead>
</table>

14. Is there a time of year your mood is worse?
Winter  Spring  Summer  Fall

*If yes, contact your clinician and parents right away.*
## Step 3: Record Daily — Depression

**Date:** June, 2007

Answer the questions below every day. Discuss your answers with your parents/clinician.

If you answer yes to a question, check off the box on the right for the day.

### Week 1

<table>
<thead>
<tr>
<th></th>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>S</th>
<th>Week Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you feeling down, depressed, or hopeless?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>6</td>
</tr>
<tr>
<td>Do you have little interest and a lack of pleasure in doing things?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>6</td>
</tr>
<tr>
<td>List all drugs, prescription and nonprescription, you are taking.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>7</td>
</tr>
<tr>
<td>Prozac</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>7</td>
</tr>
<tr>
<td>Children's Tylenol</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>7</td>
</tr>
<tr>
<td>What other signs would you like to keep track of?*</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>Avg 6</td>
<td>6</td>
</tr>
<tr>
<td>Hours slept</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Avg 7</td>
</tr>
<tr>
<td>Went to school</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>1</td>
</tr>
<tr>
<td>Walked 30 minutes</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>1</td>
</tr>
<tr>
<td>What positive events or feelings happened this week?</td>
<td>I saw a movie</td>
<td>I saw a friend</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>My clinician helped me create a good plan</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>What is your overall wellness today? (as you defined in Step 1)</td>
<td>😞</td>
<td>😞</td>
<td>😞</td>
<td>😞</td>
<td>😞</td>
<td>😞</td>
<td>😞</td>
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</tbody>
</table>

### Week 2

<table>
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<th>M</th>
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<th>W</th>
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<td>✓</td>
<td>✓</td>
<td>6</td>
</tr>
<tr>
<td>Do you have little interest and a lack of pleasure in doing things?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>6</td>
</tr>
<tr>
<td>List all drugs, prescription and nonprescription, you are taking.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>7</td>
</tr>
<tr>
<td>Prozac</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>7</td>
</tr>
<tr>
<td>Children's Tylenol</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>7</td>
</tr>
<tr>
<td>What other signs would you like to keep track of?*</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>Avg 7</td>
<td>6</td>
</tr>
<tr>
<td>Hours slept</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Avg 7</td>
</tr>
<tr>
<td>Went to school</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>1</td>
</tr>
<tr>
<td>Walked 30 minutes</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>1</td>
</tr>
<tr>
<td>What positive events or feelings happened this week?</td>
<td>I saw a movie</td>
<td>I saw a friend</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>My clinician helped me create a good plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is your overall wellness today? (as you defined in Step 1)</td>
<td>😞</td>
<td>😞</td>
<td>😞</td>
<td>😞</td>
<td>😞</td>
<td>😞</td>
<td>😞</td>
<td>😞</td>
</tr>
</tbody>
</table>

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, relaxation, stressful life events, worsening signs for depression, helpful activities.

**Reminder:** Call your clinician to schedule your appointments.
Are you feeling down, depressed, or hopeless?  
Do you have little interest and a lack of pleasure in doing things?  
List all drugs, prescription and nonprescription, you are taking.  
Prozac  
Children’s Tylenol  
What other signs would you like to keep track of?*  
Hours slept  
Went to school  
Walked 30 minutes  
What positive events or feelings happened this week?  
What is your overall wellness today? (as you defined in Step 1)  
*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, relaxation, stressful life events, worsening signs for depression, helpful activities.  
Reminder: Call your clinician to schedule your appointments
Month ___  Date: ______________ Answer the questions below every day. Discuss your answers with your parents/clinician.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you feeling down, depressed, or hopeless?</td>
<td></td>
</tr>
<tr>
<td>Do you have little interest and a lack of pleasure in doing things?</td>
<td></td>
</tr>
<tr>
<td>List all drugs, prescription and nonprescription, you are taking.</td>
<td></td>
</tr>
<tr>
<td>What other signs would you like to keep track of?*</td>
<td></td>
</tr>
<tr>
<td>What positive events or feelings happened this week?</td>
<td></td>
</tr>
<tr>
<td>What is your overall wellness today? (as you defined in Step 1)</td>
<td></td>
</tr>
</tbody>
</table>

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, relaxation, stressful life events, worsening signs for depression, helpful activities.

Reminder: Call your clinician to schedule your appointments
<table>
<thead>
<tr>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answer yes to a question, check off the box on the right for the day.

**Are you feeling down, depressed, or hopeless?**

**Do you have little interest and a lack of pleasure in doing things?**

**List all drugs, prescription and nonprescription, you are taking.**

**What other signs would you like to keep track of?**

**What positive events or feelings happened this week?**

**What is your overall wellness today?** (as you defined in Step 1)

😊  😊  😞

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, relaxation, stressful life events, worsening signs for depression, helpful activities.

**Reminder:** Call your clinician to schedule your appointments
For people with bipolar disorder, not depression

**Step 3: Record Daily — Bipolar Disorder**

Month  [ ] Date: [JULY, 2007] Answer the questions below every day. Discuss your answers with your parents/clinician.

If you answer yes to a question, check off the box on the right for the day.

*Examples are medication side effects, exercise, drinking or eating, attending work or school, dietary/herbal supplements, relaxation, stressful life events, worsening signs, helpful activities.

---

<table>
<thead>
<tr>
<th>Step 3: Record Daily — Bipolar Disorder</th>
<th>EXAMPLE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ELEVATED</th>
<th>Severe</th>
<th>Moderate</th>
<th>Mild</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling happy or on top of the world</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WELL</th>
<th>Feeling well</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DEPRESSED</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cranky, irritability, depressed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mixed state (depressed and manic at the same time)</th>
<th>Y</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of mood changes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hours slept</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Alcohol/drug use (e.g. marijuana)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>For Girls: Menstrual period. Check days that apply</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Thoughts of cutting or hurting oneself</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>List all drugs, prescription and nonprescription, you are taking</td>
<td>Lithium</td>
<td>✓</td>
</tr>
</tbody>
</table>

**If Yes, contact your clinician right away**

---

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(continued)

Answer the questions below every day. Discuss answers with your parents/clinician.

If you answer yes to a question, check off the box on the right for the day

<table>
<thead>
<tr>
<th>What other items would you like to keep track of?</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending School</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Played soccer</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Worsening signs:
Thinking people are talking to me or following me. Thoughts that seem unusual, hear something others don’t hear. Sudden fears, feel like someone else is controlling your mind or smell something unusual that no one else does.
Yes (Y)**

What positive or negative events or feelings happened this week?

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argued with a friend.</td>
<td>Saw a movie.</td>
<td>Won a soccer game!</td>
<td>Did well on a test.</td>
</tr>
</tbody>
</table>

Reminder: Call your clinician to schedule appointments
Month  

Date:  

Answer the questions below every day. Discuss your answers with your parents/clinician.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun</td>
<td>Mon</td>
<td>Tue</td>
<td>Wed</td>
</tr>
<tr>
<td>ELEVATED</td>
<td>Feeling happy or on top of the world</td>
<td>Severe</td>
<td>Moderate</td>
</tr>
<tr>
<td>WELL</td>
<td>Feeling well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEPRESSED</td>
<td>Cranky, irritability, depressed</td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>Mixed state (depressed and manic at the same time)</td>
<td>Yes (Y)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of mood changes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours slept</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol/drug use (e.g. marijuana)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>For Girls: Menstrual period. Check days that apply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoughts of cutting or hurting oneself</td>
<td>Yes (Y)**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List all drugs, prescription and nonprescription, you are taking</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If yes, contact your clinician right away

*Examples are medication side effects, exercise, drinking or eating, attending work or school, dietary/herbal supplements, relaxation, stressful life events, worsening signs, helpful activities.
(continued)

If you answer yes to a question, check off the box on the right for the day.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>M</td>
<td>T</td>
<td>W</td>
</tr>
<tr>
<td>What other items would you like to keep track of?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Worsening signs:**
Thinking people are talking to me or following me. Thoughts that seem unusual, hear something others don’t hear. Sudden fears, feel like someone else is controlling your mind or smell something unusual that no one else does.

Yes (Y)**

What positive or negative events or feelings happened this week?

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>M</td>
<td>T</td>
<td>W</td>
</tr>
</tbody>
</table>

Reminder: Call your clinician to schedule appointments
Optional Journals

Personal Journal

Sleep Journal
Why keep a personal journal?

• Gain awareness and insight into your own thoughts and feelings.
• Studies show journals help people cope with depression and improve their long-term health.
• Write what you wish you could tell someone, but don’t feel comfortable talking about.

What should I write about?

• Write about issues you are living with now, how you feel about it, and why.
• Don’t judge your writing; the process of writing is what helps.

Who should I share it with?

• Write for yourself, so you stay honest.
• If you can, share your journal with your clinician, to get feedback on your thinking.

What if I don’t like writing?

• Use an audio recording device or type on your computer using our Excel file (available at www.familyaware.org).

What are the drawbacks of journals?

• You still need to talk to your clinician or therapist. Your clinician helps you gain perspective on your life and feelings. If you find writing makes you feel worse, then talk to your clinician instead.
• You may feel depressed while writing or right after working through difficult feelings.
• You may find it hard to write when you are very depressed.
Personal Journal

Ask yourself the questions below.

1. Describe your general mood and behavior (e.g., sleeping patterns, energy level, appetite, alcohol consumption, feelings about self, ability to concentrate.)

I couldn’t sleep much this week. I didn’t go to track on Monday, but went the rest of the week.

2. Describe any stressful life events that you had (e.g., health concerns, family/friend disagreements, trouble at school.)

I had a fight with my mom on Monday night because she told me I had to do my homework before I watched TV.

3. Describe how you feel about the stressful life events that happened and why.

I am really mad at my mom because she doesn’t understand how tired I am and that I need a break. I can’t concentrate on my homework.

4. Describe what you want to accomplish in treatment (e.g., I want to get along better with friends. I want to stop being so irritable at home and at school.)

I want to sleep better. I want my boyfriend and me to be happy. I want my mom to understand me.

5. Describe your progress in treatment (e.g., I am less irritable at home, but I am still having trouble getting along with my boyfriend.)

I realized that sometimes I get mad at my boyfriend and parents when I feel bad.
Personal Journal

Ask yourself the questions below.

1. Describe your general mood and behavior (e.g., sleeping patterns, energy level, appetite, alcohol consumption, feelings about self, ability to concentrate.)

2. Describe any stressful life events that you had (e.g., health concerns, family/friend disagreements, trouble at school.)

3. Describe how you feel about the stressful life events that happened and why.

4. Describe what you want to accomplish in treatment (e.g., I want to get along better with friends. I want to stop being so irritable at home and at school.)

5. Describe your progress in treatment (e.g., I am less irritable at home, but I am still having trouble getting along with my boyfriend.)
## Sleep Diary

Date: ______________________

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day____</td>
<td>Day____</td>
<td>Day____</td>
<td>Day____</td>
<td>Day____</td>
<td>Day____</td>
<td>Day____</td>
</tr>
</tbody>
</table>

- **I went to bed last night at:**
  - PM/AM

- **I got out of bed this morning at:**
  - PM/AM

- **Last night I fell asleep in:**
  - Minutes

- **I woke up during the night:**
  - Times
  - (Record number of times)

- **When I woke up for the day, I felt:** (Check one)
  - Refreshed
  - Somewhat refreshed
  - Fatigued

- **Last night I slept a total of:**
  - Hours
  - (Record number of hours)

- **My sleep was disturbed by:**
  - (List any mental, emotional, physical, or environmental factors that affected your sleep; e.g. nightmares, stress, snoring, physical discomfort, temperature)

- **Improve your sleep by:**
  - Going to bed the same time every night.
  - Not drinking coffee or sodas with caffeine or drinking alcohol.
  - Getting exercise regularly.
  - Sleeping in a dark, quiet room (without TV).

---

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### Important Phone Numbers

<table>
<thead>
<tr>
<th>Your clinician(s)</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your pharmacy</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person to contact in case of emergency</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Emergency Numbers

- 911  
- Suicide crisis hotline: 1-800-273-TALK

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Visit our Web site, [www.familyaware.org](http://www.familyaware.org)

The Families for Depression Awareness Web site provides more information and ways to reduce stigma around mood disorders. On our Web site, you can:

- Read Family Profiles (interviews with photographs of real families coping with mood disorders) and send them to those who might benefit from reading them.
- Learn about mood disorders, medical help, support groups, and books.
- Find out how you can help yourself or a person with a mood disorder seek treatment.
- Become a member of Families for Depression Awareness.
From Teens

“When I was really depressed, I used the guide to talk to my psychiatrist and to explain how my symptoms were getting worse. Together, we realized that I needed to be hospitalized.” —A.H., Texas

“Helped me to remember what went on. Stuff came out that I never told my therapist before.”
—R.S., Massachusetts

“Before I was always answering, “I don’t know” or “maybe.” Now I can better describe what I am feeling and thinking and know my parents will understand. We talked almost daily about how I was feeling, doing. I felt less weird or angry about having this illness” —M.L., Maine

Families for Depression Awareness

395 Totten Pond Road
Waltham, MA 02451
781-890-0220
www.familyaware.org

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