



# How I Will Know Medicine is Helping Me: Antidepressant Meds

The medicine I have been prescribed:

If this medicine works for me, I may experience some effects within:

To experience the full effect, it may take:








\_\_\_\_\_ (hours/days/weeks)

\_\_\_\_\_ (days/weeks/months)

In order to be helpful, I need to take my antidepressant medication:

Every day     Whenever I need it (PRN)     Other: \_\_\_\_\_

**How I hope medicine will help me:** Place a check in the box next to the medication effects that are most important to you. Or, in your own words, write how you hope the medicine helps.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Improve my appetite |  | <input type="checkbox"/> Make up my mind more easily  |  |
| <input type="checkbox"/> Sleep better        |  | <input type="checkbox"/> Get along better with others |  |
| <input type="checkbox"/> Feel less sad       |  | <input type="checkbox"/> Feel better about myself     |  |
| <input type="checkbox"/> Have more energy    |  |   |   |

**My words:** I hope meds help me \_\_\_\_\_ so that I can \_\_\_\_\_

**What other things can help?** Medication may help you feel better. There are also things you can do to help yourself feel better. Often the pathway into recovery means finding the right balance between our psychiatric medicine (*what we take*) and our Personal Medicine (*the things we do to feel better and how they help*).

*Example: My Personal Medicine is walking my dog in the morning because it helps get my day started on a positive note.*

*Exercise is an antidepressant for me.*

**My Personal Medicine for depression is:**

**Keeping track.** Use the tracker below to keep track of how you are doing over the next two weeks. Indicate if you took your pill medicine, if you used your Personal Medicine, and whether you felt better, worse, or stayed the same. Share your tracker with your doctor at your next appointment.

| Sunday  | Monday  | Tuesday   | Wednesday   | Thursday  | Friday  | Saturday  |
|---|---|---|---|---|---|---|
| <input type="checkbox"/> Took my pill medicine?   | <input type="checkbox"/> Took my pill medicine?   | <input type="checkbox"/> Took my pill medicine?   | <input type="checkbox"/> Took my pill medicine?   | <input type="checkbox"/> Took my pill medicine?   | <input type="checkbox"/> Took my pill medicine?   | <input type="checkbox"/> Took my pill medicine?   |
| <input type="checkbox"/> Used my Personal Medicine?   | <input type="checkbox"/> Used my Personal Medicine?   | <input type="checkbox"/> Used my Personal Medicine?   | <input type="checkbox"/> Used my Personal Medicine?   | <input type="checkbox"/> Used my Personal Medicine?   | <input type="checkbox"/> Used my Personal Medicine?   | <input type="checkbox"/> Used my Personal Medicine?   |
| <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same | <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same | <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same | <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same | <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same | <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same | <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same |
| <input type="checkbox"/> Took my pill medicine?   | <input type="checkbox"/> Took my pill medicine?   | <input type="checkbox"/> Took my pill medicine?   | <input type="checkbox"/> Took my pill medicine?   | <input type="checkbox"/> Took my pill medicine?   | <input type="checkbox"/> Took my pill medicine?   | <input type="checkbox"/> Took my pill medicine?   |
| <input type="checkbox"/> Used my Personal Medicine?   | <input type="checkbox"/> Used my Personal Medicine?   | <input type="checkbox"/> Used my Personal Medicine?   | <input type="checkbox"/> Used my Personal Medicine?   | <input type="checkbox"/> Used my Personal Medicine?   | <input type="checkbox"/> Used my Personal Medicine?   | <input type="checkbox"/> Used my Personal Medicine?   |
| <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same | <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same | <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same | <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same | <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same | <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same | <b>Today was:</b><br><input type="checkbox"/> Better<br><input type="checkbox"/> Worse<br><input type="checkbox"/> The Same |