



# How I Will Know Medicine is Helping Me: Mood Stabilizing 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 mood stabilizing 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.

Concentrate better



Feel more relaxed



Sleep better



Get along better with others



Feel less irritable or upset



Improve my appetite



**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 taking a warm bath before bed because it helps me sleep better.

**My Personal Medicine for mood challenges 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> <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same	<b>Today was:</b> <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same	<b>Today was:</b> <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same	<b>Today was:</b> <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same	<b>Today was:</b> <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same	<b>Today was:</b> <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same	<b>Today was:</b> <input type="checkbox"/> Better <input type="checkbox"/> Worse <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> <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same	<b>Today was:</b> <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same	<b>Today was:</b> <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same	<b>Today was:</b> <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same	<b>Today was:</b> <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same	<b>Today was:</b> <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same	<b>Today was:</b> <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same