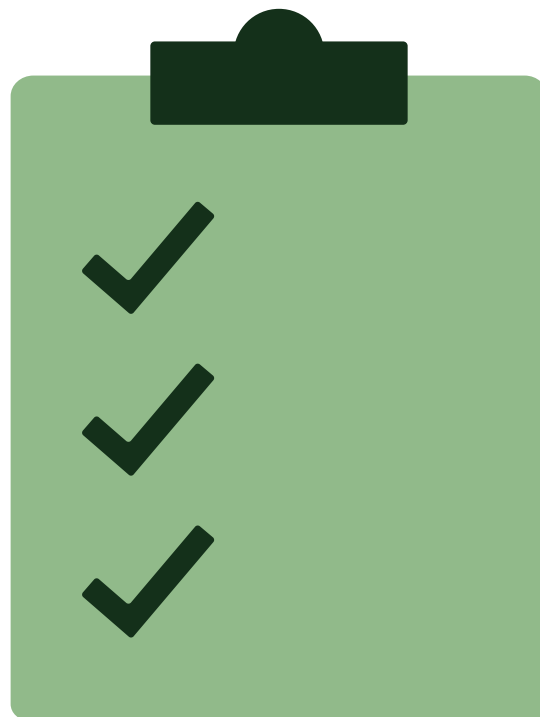


My Treatment & Recovery Log

Helping Me to Stay on Track



Making Smooth Transitions

Support and Information for Schizophrenia

Mental health recovery is an ongoing process, not a single outcome. Each person's recovery experience is unique. By making a personalized, inclusive plan for managing a mental health condition, a person has the best chance of living a meaningful life.

Welcome!

Use this journal to write down your treatment and medication preferences and recovery history.

If you have any questions or think you may be experiencing a side effect, be sure to contact your doctor or your treatment team.

Having this information in one place can help you:

- Share information with your doctor and treatment team to make them aware of your wants and needs
- Make smooth transitions between care settings (example: inpatient to outpatient)
- Move forward toward recovery goals)

Personal Information



This recovery journal belongs to:

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

My diagnosis is: _____

Other medical conditions I have are: _____

My Treatment Team

The following are members of my treatment team who are involved in my mental health care and may need to be contacted.



Psychiatrist

Phone

Address

Peer Counselor

Phone

Address

Primary Care Physician

Phone

Address

Emergency Contact

Phone

Address

Relationship to me

Therapist/Social Worker

Phone

Address

Case Manager

Phone

Address

My Recovery History

By writing down important events and milestones (accomplishments and setbacks) in your mental health history, you can provide a quick snapshot of your recovery journey to your doctor and other people in your treatment team and support network.

Below are examples of events you may want to include in your history. Feel free to add others that have been meaningful to you.

Examples



Hospitalized



Had an episode



Started a new medication



Got a job



Started meeting with a therapist



Started a relationship



Had medication side effects



Stopped taking medication



Moved into independent housing



Joined a support group



Started peer counseling



Joined a clubhouse



Started exercising



Achieved a life goal



Continued my education

My Recovery History

Below are spaces to fill in as needed for your recovery. A few examples have been provided; add any other events that have been significant to you.

Event	Date	Event Details
Example: Symptoms started	Example: August 2021	Example: Disorganized thinking, & hallucinations
Example: Initial diagnosis	Example: March 17, 2022	Example: Doctor visit

My Recovery History (continued)

Below are spaces to fill in as needed for your recovery. A few examples have been provided; add any other events that have been significant to you.

Event	Date	Event Details

My Recovery History (continued)

Below are spaces to fill in as needed for your recovery. A few examples have been provided; add any other events that have been significant to you.

Event	Date	Event Details

My Medications

Current Medications	Dosage	Reason I Am Taking

Preferred Medications (to take during a crisis)	Dosage	Reason I Would Need

Medications I Am Allergic To*	Dosage

*If you have **allergies to any medication**, be sure to include under Medications I Am Allergic To.

My Supportive Treatments *Other than medication*

Supportive Treatments That May Help Me

Example: Going on daily walks & talking with my therapist

Supportive Treatments to Avoid	Reason to Avoid

My Preferred Facilities

Below, write down the resources and facilities you prefer to use as well as those you prefer to avoid.

Preferred Hospital

Name _____

Location _____

Hospital to avoid _____



Preferred Mental Health Facility

Name _____

Location _____

Facility to avoid _____

Preferred Pharmacy

Name _____

Location _____

Pharmacy to avoid _____



My Support Network

Write down the people in your life (friends, significant other, family, etc) who may be helpful in times of crisis and transition.



Name _____

Phone _____

Address _____

Relationship to me _____

Name _____

Phone _____

Address _____

Relationship to me _____

Name _____

Phone _____

Address _____

Relationship to me _____

Name _____

Phone _____

Address _____

Relationship to me _____

Name _____

Phone _____

Address _____

Relationship to me _____

Name _____

Phone _____

Address _____

Relationship to me _____

Short-term

My Life Goals



Possible Goal

Steps I can take to reach it _____



Possible Goal

Steps I can take to reach it _____



Possible Goal

Steps I can take to reach it _____

Long-term

My Life Goals



Possible Goal

Steps I can take to reach it _____



Possible Goal

Steps I can take to reach it _____



Possible Goal

Steps I can take to reach it _____

Things That Help Me Stay Healthy

For example:

Exercise, seeing friends, listening to music, taking my medication

Daily

- 1 _____

- 2 _____

- 3 _____

- 4 _____

Weekly

- 1 _____

- 2 _____

- 3 _____

- 4 _____

Monthly

- 1 _____

- 2 _____

- 3 _____

- 4 _____

Once in a While

- 1 _____

- 2 _____

- 3 _____

- 4 _____

Early Signs I May Be Having a Difficult Time With My Condition

For example:

Not sleeping, not getting outside, not taking medication regularly, becoming more irritable

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

What I Will Do to Get Help

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

Steps for a Successful Recovery Journey

If you are leaving inpatient care, ask the discharge planner to schedule a doctor's appointment for you once you are out of the hospital. Don't forget to attend!

Connect with members of your support network who can help you during transitions.



Make sure you have services in place, including a safe and comfortable home.

Talk to your treatment team about questions or concerns you might have about your medication, and, if helpful, ask for tips to help remember to take it.



Think about your goals and how taking medication might help you to reach them.

Take your medication regularly, as prescribed by your doctor.



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