





**What I'm like when I'm well** (What are you feeling or what are you doing better?)

<hr/>	<hr/>

**What I need to do EVERY DAY to *stay well*.** (Refer to Wellness Toolbox; list ones you need to use daily.)

<hr/>	<hr/>

**Things I might need to do to *stay well*** (From your Wellness Toolbox, list things to do every so often.)

<hr/>	<hr/>



It's important to notice when life is getting off-track or when you are not feeling well.

**My Early Warning Signs** (These are things you might notice about yourself that let you know you are not feeling well or being who you want to be.)

<hr/>	<hr/>

**Early Warning Sign Action Plan:** After you notice early warning signs, what should you do?

<hr/>	<hr/>



**Who will support me?**

List family, friends, peers (with phone numbers) you can call when you need a break from a problem.

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Who can help me?**

List family, friends, peers (with phone numbers) you can call when you need to talk through a problem.

_____	_____	_____
_____	_____	_____

**Professionals who can help?**

List the professionals who are helping me, their positions and phone numbers.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**How I'd Like to be Supported**

Check items that you would like your family/friend to do as part of your transition home. You are looking to write down your top list of things you want others to do and not do.

You and your therapist will personalize these and add them to your Wellness Plan

**Educational Support**

- Learn more about what I am going through

\_\_\_\_\_

**Treatment Support**

- Assist with getting appropriate treatment
- Accompany me to my health care provider's office
- Encourage me to continue treatment as directed by health care provider
- Attend individual/ group therapy sessions with me

**Emotional Support**

- Provide emotional support by listening when I need to talk
- Encourage participation in activities that once brought me pleasure

What activities: \_\_\_\_\_

- Participate in activities with me

What activities: \_\_\_\_\_

**Recovery Support**

- Weekly meetings to review schedule and/or weekly goals
- Support with medication management

How: \_\_\_\_\_

- Learn and help me carry out recommendations for lifestyle changes
- Help monitor progress and stay on treatment
- Contact health care provider if symptoms worsen

Provider to contact: \_\_\_\_\_

- Attend support group meeting with me

**What is NOT helpful**

Are there things my supports should avoid doing or made life harder for me? Instead, what can they do?

_____	_____
_____	_____
_____	_____



**Crisis or Emergency Support**

How would others know that a crisis may be starting or if I might not be safe? (Signs of crisis can include feeling overwhelmed; dramatic mood swings; unchecked impulsivity; significant isolation; drastic increase in substance use or as serious as suicidal thoughts or behaviors.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**What do I want myself to do in case of an emergency or crisis?**

- Call 988 (the Crisis Hotline), press 1 for veterans
- Call 911
- Other: \_\_\_\_\_
- Contact health care provider: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**What do I want my supports to do in case of an emergency or crisis?**

- Call 988 (the Crisis Hotline), press 1 for veterans
- Call 911
- Other: \_\_\_\_\_
- Contact health care provider: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_