

Extra Forms

This section contains blank worksheet forms from Parts 1, 2, and 3 of the Manual. Please go back to Parts 1 and 2 if you need directions for filling out these forms.

Depression Rating Form

Indicate how often you have each of the following symptoms of depression by circling one number for each symptom. This will give you a starting point for monitoring your mood. Fill out these forms once a week to monitor any changes in your mood. As you feel better, your total number will get smaller.

Today's Date _____

	Never	Sometimes	Frequently
1. Persistently feeling down, sad, blue, tearful or irritable	0	1	2
2. Difficulty sleeping, insomnia, waking too early, or sleeping too much	0	1	2
3. Feeling fatigued, slowed down or lacking energy	0	1	2
4. Feeling restless or unable to sit still	0	1	2
5. Changes in appetite: weight gain or loss	0	1	2
6. Loss of interest in friends and activities previously enjoyed	0	1	2
7. Feeling helpless, worthless, or guilty	0	1	2
8. Feeling pessimistic or hopeless	0	1	2
9. Problems concentrating, thinking, remembering, or making decisions	0	1	2
10. Thinking about death or suicide	0	1	2
11. Recurring aches and pains (such as headache, stomach ache, back pains) which do not respond to medical treatment	0	1	2
12. Anxiety, nervousness and tension	0	1	2

Add up all circled numbers

Total _____

Medical Visit Agenda

Fill out parts 1, 2 and 3 the day before your appointment. Use extra paper or the back of this form if you need more space. Place a check mark (a) or star (★) by your most important concerns; the ones you want to be sure to discuss at your appointment. Be sure to bring this form with you to your appointment!

Part 1 My concern(s) (if possible include “what, where, when, how and why” information about your concern(s)):

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

Part 2 Questions to ask:

- 1.
- 2.
- 3.
- 4.

Part 3 Write down the important information from your visit with your provider.

Pleasant Activities Planner

1. Some pleasurable activities I have enjoyed in the past are... (make a list)

2. What would be enjoyable for me to do right now?

3. What small thing will I do today that will be an accomplishment?

4. What pleasant activity can I do tomorrow? What, where, when, for how long?

5. What social activities can I arrange this week? Date and time? With whom?

6. Do I need help with these activities? If so, who can help me with them?

7. With whom would I enjoy doing these activities?

Getting Involved with Your Treatment

? Look back over the previous sections. Take a few minutes to sit down and write in the spaces below some of your questions and thoughts. Look at the sample on the next page to see how Mr. Jones filled out the form. You may wish to bring this page (or the whole manual) with you to your next appointment.

Write down the questions that you have about depression. Use another sheet if you need more space.

1. _____

2. _____

3. _____

List your three biggest concerns (For example, changing behaviors, effect on family, a new medication's effect on other medical conditions)

1. _____
2. _____
3. _____

List three of your goals for your treatment. (For example, improve sleep habits, increase pleasant activities, learn to decrease negative thinking)

1. _____
2. _____
3. _____

List three things you can do that will aid in your treatment and recovery. (For example, I can tell my provider my concerns, go to all appointments, try new treatments for at least 4 weeks)

1. _____
2. _____
3. _____

1. DESCRIBING THE SITUATION	2. IDENTIFYING AND DESCRIBING YOUR MOODS	3. IDENTIFYING YOUR AUTOMATIC THOUGHTS
<p>Where was I? What was I doing? What happened? When did it happen? Who was I with?</p>	<p>Angry, Sad, Anxious, Guilty, Proud, Nervous, Ashamed, Insecure, Enraged, Panicky, Disgusted, Scared, Excited, Hurt, Frightened, Frustrated, Cheerful, Happy, Loving, Disappointed, Depressed, Irritated, Humiliated, Sorrowful, Embarrassed, etc.</p> <p>Rate your mood (0 none – 10 most I’ve ever felt)</p>	<p>Ask yourself: What was going through my mind just before I started to feel this way? What does this thought say about me if it is true? What am I afraid might happen? What is the worst thing that could happen if it is true? What does this mean about how the other person(s) feel(s) or think(s) about me?</p>

4. FINDING EVIDENCE FOR AND AGAINST YOUR HOT THOUGHTS	5. THINKING OF ALTERNATIVE THOUGHTS	6. RATE YOUR MOODS NOW
<p>In column 3, mark your hot thought with an X. In this column, write factual evidence to support this conclusion. (Try to avoid giving your interpretation of facts.)</p>	<p>Looking at the evidence you have listed in the "Evidence For and Against" sections, what is an alternative way of thinking about or understanding your situation? Write sentences summarizing both pro and con evidence for my hot thought. If my friend was in this situation and had this information how would I explain the situation to him or her? Who can I ask to help me think of other ways of understanding my situation?</p>	<p>Copy your moods from Column 2. Rate the intensity of each mood from 0 to 10 now that you have taken into account the evidence and alternative thoughts.</p>

Relaxation Log

? Use this log to chart your relaxation sessions and monitor changes. Before you begin your session, use the scale below to indicate your level of tension. After you have completed the session, use the same scale to rate how you feel. Remember, it may take a number of sessions before you notice improvement.

0 = very calm and relaxed, the most relaxed you have ever been

10 = very tense, anxious, or nervous, the most tense you have ever been

Week 1 Dates _____ to _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Before							
After							

Week 2 Dates _____ to _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Before							
After							

Week 3 Dates _____ to _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Before							
After							

Week 4 Dates _____ to _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Before							
After							

SCHEDULE OF PLEASANT ACTIVITIES (WEEKS 1-2)

1. Every evening before you go to bed, plan at least one pleasant activity you will do the following day.
2. Be specific about what activity you plan to do and when you plan to do it. (Example: walk around the block before lunch.)
3. After doing the activity place a mark in the “check off” box (even if you only do part of the activity).
4. In the comments section write any notes about the activity, how it made you feel, etc.

Reminders:

1. Focus on activities you enjoy. If you do the same activity each day and it brings you pleasure, keep doing it!
2. Acknowledge your attempts!
3. Give yourself credit for all that you do, even if you don't complete the activity or do it exactly like you planned.
4. Reward your successes.

DAY	ACTIVITY	CHECK OFF	COMMENTS
MONDAY Date _____	1.		
TUESDAY Date _____	1.		
WEDNESDAY Date _____	1.		

DAY	ACTIVITY	CHECK OFF	COMMENTS
THURSDAY Date _____	1.		
FRIDAY Date _____	1.		
SATURDAY Date _____	1.		
SUNDAY Date _____	1.		

SCHEDULE OF PLEASANT ACTIVITIES (WEEKS 3-4)

1. Each evening before bed plan two pleasant activities you will do the following day.
2. Be specific about what activity you plan to do, when, and how much (example: walk around the block, before lunch, three times).
3. After doing the activity place a mark in the “check off” box (even if you only do part of the activity).
4. In the comments section write any notes about the activity, how it made you feel, etc.

DAY	ACTIVITY	CHECK OFF	COMMENTS
MONDAY Date _____	1.		
	2.		
TUESDAY Date _____	1.		
	2.		
WEDNESDAY Date _____	1.		
	2.		

DAY	ACTIVITY	CHECK OFF	COMMENTS
THURSDAY Date ____	1.		
	2.		
FRIDAY Date ____	1.		
	2.		
SATURDAY Date ____	1.		
	2.		
SUNDAY Date ____	1.		
	2.		

Reminders:

1. Focus on activities you enjoy. If you do the same activity each day and it brings you pleasure, keep doing it!
2. Acknowledge your attempts!
3. Give yourself credit for all that you do, even if you don't complete the activity or do it exactly like you planned.
4. Reward your successes.

SCHEDULE OF PLEASANT ACTIVITIES (WEEKS 5 AND BEYOND)

1. Each evening before bed plan three pleasant activities you will do the following day.
2. Be specific about what activity you plan to do, when, and how much (example: walk around the block, before lunch, three times).
3. After doing the activity place a mark in the “check off” box (even if you only do part of the activity).
4. In the comments section write any notes about the activity, how it made you feel, etc.

DAY	ACTIVITY	CHECK OFF	COMMENTS
MONDAY Date _____	1.		
	2.		
	3.		
TUESDAY Date _____	1.		
	2.		
	3.		
WEDNESDAY Date _____	1.		
	2.		
	3.		

DAY	ACTIVITY	CHECK OFF	COMMENTS
THURSDAY Date _____	1.		
	2.		
	3.		
FRIDAY Date _____	1.		
	2.		
	3.		
SATURDAY Date _____	1.		
	2.		
	3.		
SUNDAY Date _____	1.		
	2.		
	3.		

Problem Solving Worksheet

1. Identify and define the problem. Be as specific as you can (what, where, when how, why).

2. Think about different “solutions” to the problem and list them below.

3. Choose two of the possible solutions you identified above in Step #2. ? For each “solution” think of the advantages and disadvantages of each.

Solution _____

Advantages

Disadvantages

Solution _____

Advantages

Disadvantages

4. Choose the solution that seems most advantageous.

The solution I am going to try is _____
Solution

I will try this solution for _____ weeks. On _____ I will
Number Date

evaluate the solution and revise it if necessary.

Signature

Assertiveness Guide

1. Think about what you want from the other person. List your wishes. Decide the most important think you want and mark it with a check (a).

2. Write down what you want in a simple statement. "I _____

 _____."

3. Revise your statement to make it a) short, b) clear, and c) simple.
 "I _____."

4. Practice saying your statement. Repeat it. Practice alone or with a friend. Anticipate possible reactions to your statement. Write down what the person might say and then think of some responses. Practice your responses out loud.

He or she might say:	Your response:
a.	a.
b.	b.
c.	c.

5. When you are ready, have the discussion. Stick to your assertive statement. Repeat it if necessary.

6. Listen carefully, without interrupting, to what the other person says to your assertive statement. Use your responses if appropriate.

7. Evaluate the outcome and celebrate your success. Even if you don't get EXACTLY what you want, give yourself credit for expressing it. Also, working toward compromise is an important aspect of getting what you want.

I used my assertive statement. Yes No
 I listened to the other person's reaction. Yes No

Things I want to think about in future discussions: _____

Interpersonal Problem Solving Worksheet

1. Agenda (a clear statement of the main problem or issue: who, what, where, when, how, why)

The problem is _____

2. Positions (write down each person's position as they stated it)

_____ 's position: _____
name

_____ 's position: _____
name

3. Brainstorming solutions (use another sheet if necessary)

Solution Idea:	
Pros	Cons
Solution Idea:	
Pros	Cons

4. Write down the solution you both agree on (it may be a combination of the ideas from #3)

5. Contract for trial period and evaluation meeting

We, _____ and _____, agree to try the above solution for ___ weeks.
name of person 1 name of person 2

On _____ we will meet again for _____ minutes to evaluate the solution.
Date

Signature of person 1

Signature of person 2