

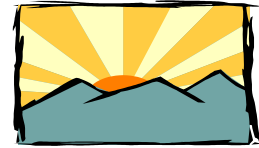
Depression Self-Care Action Plan

Patient: _____

Provider: _____

Clinic: _____

Phone Number: _____



Depression is treatable!

1. Stay physically active.

Make sure you make time to address your basic physical needs, for example, walking for a certain amount of time each day.



Every day during the next week, I will spend at least _____ minutes (make it easy, reasonable) doing _____.

2. Make time for pleasurable activities.

Even though you may not feel as motivated, or get the same amount of pleasure as you used to, commit to scheduling some fun activity each day – for example, doing a hobby, listening to music, or watching a video.



Every day during the next week, I will spend at least _____ minutes (make it easy, reasonable) doing _____.

3. Spend time with people who can support you.

It's easy to avoid contact with people when you're depressed, but you need the support of friend and loved ones. Explain to them how you feel, if you can. If you can't talk about it, that's OK – just ask them to be with you, maybe accompanying you on one of your activities.



During the next week, I will make contact for at least _____ minutes (make it easy, reasonable, with _____ (name) doing/talking about _____.
_____ (name) doing/talking about _____.
_____ (name) doing/talking about _____.

4. Practice relaxing.

For many people, the changes that come with depression – no longer keeping up with our usual activities and responsibilities, feeling increasingly sad and hopeless – leads to anxiety. Since physical relaxation can lead to mental relaxation, practicing relaxing is another way to help yourself. Try deep breathing, or a warm bath, or just finding a quiet, comfortable, peaceful place and saying comforting things to yourself (like "It's OK.")



Every day during the next week, I will practice physical relaxation at least _____ times, for at least _____ minutes each time. (make it easy, reasonable)

5. Simple goals and small steps.

It's easy to feel overwhelmed when you're depressed. Some problems and decisions can be delayed, but others cannot. It can be hard to deal with them when you're feeling sad, have little energy, and not thinking clearly. Try breaking things down in to small steps. Give yourself credit for each step you accomplish.



The problem is _____
My goal is _____
Step 1: _____
Step 2: _____
Step 3: _____

How likely are you to follow through with these activities prior to your next visit?

Not Likely 1 2 3 4 5 6 7 8 9 10 Very Likely



Things you should know about your antidepressant medication



Your antidepressant medication is **NOT ADDICTIVE OR HABIT FORMING.**

They are **NOT** uppers; they are **NOT** downers.

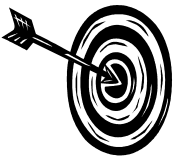
It is safe for you to take according to your provider's orders.

If you are using alcohol or other drugs, please discuss this with your PCP.



Did you know? Antidepressants only work if taken every day!

Target symptoms for antidepressant medications are:



- Sleep
- Appetite
- Concentration
- Mood
- Energy



It takes time for your medication to work. Most people begin to feel better in **2–4 weeks.** Don't give up if you don't feel better right away.



Let's talk about side effects:

Always ask your pharmacist for a printout of side effects for your medications. List any side effects you are having:

- 1). _____ 2). _____ 3). _____

The first week is the hardest.
 Some people have mild side effects, but they don't feel the medicine working yet.
Try to stick it out.
 The side effects usually go away in a few days, and the medicine will start to work.



If you are thinking about stopping your medication, CALL YOUR PROVIDER FIRST.



IMPORTANT things for YOU to do:

- Keep all appointments
- Take all medication exactly as your PCP prescribes – even if you feel better.
- TALK TO YOUR PROVIDER – ask questions; tell how you feel
- If you forget a dose DO NOT DOUBLE DOSE – take your next dose at the regular time.

Stop taking your medication and call the clinic if any of the following happen:



- Rash
- Severe side effects
- _____



Provider Name: _____

Provider Telephone #: _____