A One-Page Plan for Staying Well

Write it while you're well. Give a copy to someone you trust. (Chapter 16)

GREEN LIGHT: what keeps me well

- Wake-up time: ____
- Exercise: ____ times a week, type ____
- People I stay in regular touch with: ____
- Pleasure and mastery activities I keep up: ____
- Ongoing treatment and follow-up schedule: ____
- Things I limit: ____

AMBER LIGHT: my relapse signature (when I notice two or more signs in a week)

- My signs: 1. ____ 2. ____ 3. ____
- What I'll do right away:
  - Do the PHQ-9 and record the score
  - Go back to the two-week plan in Chapter 10
  - Tell ____ that I'm seeing an amber light
  - If I'm no better after two weeks, or my PHQ-9 is 10 or more: book an appointment with ____

RED LIGHT: when I need help now

- Thoughts of death or suicide: use my safety plan and call ____
- Can't eat or sleep for days; can't manage daily life: contact my doctor right away
- Numbers: doctor ____; crisis line ____; emergency ____

Things I want to remind myself when the amber light comes on

- "This is the illness's signature, not who I am."
- "I've recovered before. I know the way."
- _____