

My Relapse Prevention Plan

Name: _____

Last Revised: _____

Get the most out of your plan

- Make it easy to find.
- Review often and update as needed.
- Assess symptoms regularly.
- Know how and when to contact your team.

I will keep my plan: _____

I will share my plan with: _____

I will review my plan and assess symptoms:

Personal warning signs

1. _____

2. _____

3. _____

4. _____

5. My PHQ-9 score is _____ or higher.
and/or
My GAD-7 score is _____ or higher.

Things that help me feel better

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Maintenance medications

1. _____ Dose/how often: _____

Take at least until _____

2. _____ Dose/how often: _____

Take at least until _____

3. _____ Dose/how often: _____

Take at least until _____

Call your PCP or BHCM with questions.

If symptoms return, I can contact:

PCP: _____

Phone: _____

Care Manager: _____

Phone: _____

Next appointment: _____

With: _____

For crisis support, contact the Suicide and Crisis Lifeline at any time of day: **988**, [988lifeline.org](https://www.988lifeline.org)

Assess Your Symptoms Regularly

Use the screening tools below to assess yourself for symptoms of depression (PHQ-9) and anxiety (GAD-7). Compare today's score to the score identified under your personal warning signs (pg. 1).

Patient Health Questionnaire (PHQ-9)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Feeling down, depressed, or hopeless	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. Feeling tired or having little energy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Poor appetite or overeating	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Add columns				
Total				
10. If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
<input type="radio"/> Not difficult at all	<input type="radio"/> Somewhat difficult	<input type="radio"/> Very Difficult	<input type="radio"/> Extremely Difficult	

Generalized Anxiety Disorder Questionnaire (GAD-7)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Not being able to stop or control worrying	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. Worrying too much about different things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. Trouble relaxing	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Being so restless that it is hard to sit still	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Becoming easily annoyed or irritable	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Feeling afraid as if something awful might happen	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Add columns				
Total				
8. If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
<input type="radio"/> Not difficult at all	<input type="radio"/> Somewhat difficult	<input type="radio"/> Very Difficult	<input type="radio"/> Extremely Difficult	