

HOME GROUND
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**SYMPTOM
MANAGEMENT**

TAKING BACK CONTROL OF YOUR SYMPTOMS.

We all know that managing life with schizophrenia starts with understanding your symptoms. Remember: you can take control of your symptoms; they don't control you.

Pay attention to symptoms that show up, when they appear, and what may trigger them. Spotting patterns early can help you make sense of what you're feeling so you can get support before things feel too heavy.

QUICK TIP

Keep it simple. Make a few daily notes on your sleep, stress, mood, and thinking. These quick check-ins can make appointments more productive and help you and your care team confidently adjust your management plan.

RESOURCES

This resource guide brings trustworthy resources about symptom management together in one place so you and your support partners can find what you need quickly.

PAGE **Managing Symptoms Worksheet**

5

This worksheet gives you a way to track symptoms and develop a plan for managing those symptoms

PAGE **Treatment for Schizophrenia Worksheet Pack**

12

This worksheet pack can be used as a daily checklist to ensure you are able to manage your symptoms by tracking how you feel and what may cause you to feel that way.

LOOKING FOR EVEN MORE?

Visit HomeGroundSCZ.com
to find a variety of helpful tools.

**SYMPTOM
MANAGEMENT**



TOGETHER IN COMMUNITY.

This resource guide was developed by Teva Pharmaceuticals as part of our commitment to supporting the patient community living with schizophrenia.

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sczaction.org

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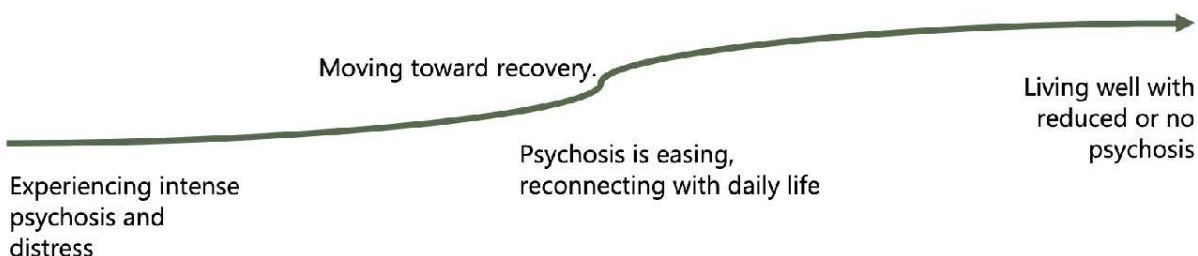
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For the Diagnosed Individual: Managing Symptoms

These worksheets are a starting point to support communication and collaboration with your support system and treatment team. These will give you a way to track your symptoms.

You can use the graphic below to reflect on your recovery journey and identify the support that might help the most.



Sometimes, describing your own symptoms can be triggering, depending on where you are in your recovery. Prioritize your wellbeing and take a break from completing the worksheets if needed, so that the worksheets remain constructive and supportive to your journey.

Your symptoms also may change over time or become different symptoms entirely. Revisiting these worksheets regularly can help you track your journey.

You are not alone in this journey, and there are people ready to support you. Consider having a conversation with your recovery team and loved ones about how they could help you manage your symptoms.

These are the common types of symptoms:

Positive symptoms: Common types of “positive” symptoms include:

- Delusions: Strong, fixed beliefs that do not align with reality.
- Hallucinations: Hearing, seeing, physically feeling, smelling or tasting things that are not real.
- Thought disorganization: Difficulty organizing or expressing your thoughts.

Negative symptoms: These include challenges with motivation, social withdrawal, low emotional expression, reduced speech, a loss of interest or pleasure in daily activities and difficulties with personal hygiene.



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Cognitive symptoms: Cognitive symptoms are generally related to thinking and brain processing. For example, you might find it hard to concentrate on a task, remember important details or make decisions quickly. You also may struggle to follow a conversation or forget an appointment despite setting reminders.

Other symptoms: Additional symptoms can include anosognosia (a lack of understanding that you are ill), and physical symptoms (which can be caused by medication) such as nausea, headaches, diarrhea, upset stomach, constipation, headaches or weight gain.

Note: Keep this page handy as you're using the worksheets so that you'll have the symptom definitions easily accessible.

How to use these worksheets

This document is broken into three primary sections that correspond with the "I'm Diagnosed. Now What?" toolkit sections. The first section is about looking back and remembering your symptoms. The second section includes ways to reflect on managing your symptoms, and the final section describes steps to take as you move forward.



Section 1: Reflecting on Your Symptoms

Part 1 of the “I’m Diagnosed. Now What?” toolkit provides a symptom overview on pages 5-6, and there is a symptom summary on the previous page of this document. Many people living with a psychosis-related disorder may experience these types of symptoms.

Remembering your symptoms

What can I remember about any symptoms I’ve been through? How did these symptoms make me feel? Are these new symptoms? How do these compare to what I’ve experienced in the past?

Positive Symptoms:

Negative symptoms:

Cognitive symptoms:

Other symptoms:



Reflecting on what's changed

Reflecting on where you are today, what symptoms have changed since your last medication, therapy or life activity (job, volunteering, hobbies etc.)?

During the last week? Last month?

Positive Symptoms: Time frame:

Negative symptoms: Time frame:

Cognitive symptoms: Time frame:

Other symptoms: Time frame:



Previous experiences talking about your symptoms

What happened when I talked about my symptoms with my support system or healthcare provider? How did that make me feel?

Type of symptom:

- Positive Negative Cognitive Other

Role/Name of person I spoke with:

What happened:

Previous experiences talking about your symptoms

What happened when I talked about my symptoms with my support system or healthcare provider? How did that make me feel?

Type of symptom:

- Positive Negative Cognitive Other

Role/Name of Person I Spoke With:

What happened:



Section 2: Managing Your Symptoms

Part 1 of the “I’m Diagnosed. Now What?” toolkit has some ideas on pages 14-17 about good steps for managing your symptoms. You may want to use this worksheet frequently, as your symptoms may change over time.

NOTE: *You may find yourself experiencing more than one symptom. Please make as many copies of this page as you need depending on how many symptoms you’re navigating.*

Steps to take: Ways to manage your symptoms

Write some steps you might take and possible ways your loved ones could help you:

Describe symptom:

Type of symptom:

Positive

Negative

Cognitive

Other

How I could manage:

How my recovery team and loved ones could help:



Section 3: Looking Ahead

Part 2 of the “I’m Diagnosed. Now What?” toolkit shares some ideas on pages 15-17 for talking about your symptoms with your support system and/or healthcare provider. You can use the spaces below to get started:

Moving forward: Questions to ask about your symptoms

Example: “I feel like _____ symptoms are getting harder to manage. Can we talk through how I could better manage them?”

Using the above example, write your question:

What could help:

Moving forward: Questions to ask about your symptoms

Your question:

What could help:



TREATMENT FOR SCHIZOPHRENIA

WORKSHEET PACK

*DAILY CHECKLIST
(WITH WARNING SIGNS & DAILY HEALTHY ACTIVITIES)*

ACTIVITY SCHEDULING

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The Daily Checklist

Of Warning Signs & Daily Healthy Activities

DIRECTIONS: Rank each "Warning Sign" & "Daily Healthy Activity" daily according to the following scale

- 0 None
- 1 Mild/ A little
- 2 Moderate/ Some
- 3 Severe/ A lot

Name: _____

Dates: From: _____ To: _____

Warning Sign	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Daily Healthy Activity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

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Common Warning Signs

<input type="checkbox"/> Withdrawal / Isolation	<input type="checkbox"/> Suicidal thoughts
<input type="checkbox"/> Crying easily	<input type="checkbox"/> Hearing voices
<input type="checkbox"/> Lack of energy	<input type="checkbox"/> Delusions
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Violent thoughts
<input type="checkbox"/> Eating too little or too much	<input type="checkbox"/> Violent behaviors
<input type="checkbox"/> Sleeping too little or too much	<input type="checkbox"/> Self-destructive behaviors
<input type="checkbox"/> Losing interest in pleasurable activities	<input type="checkbox"/> Elevated mood
<input type="checkbox"/> Losing interest in sex	<input type="checkbox"/> Racing thoughts
<input type="checkbox"/> Agitation	<input type="checkbox"/> Grandiose feelings
<input type="checkbox"/> Irritability	<input type="checkbox"/> Excessive talking
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Obsessive thoughts
<input type="checkbox"/> Anger	<input type="checkbox"/> Compulsive behaviors
<input type="checkbox"/> Headaches	<input type="checkbox"/> Flight of ideas
<input type="checkbox"/> Muscle Tension	<input type="checkbox"/> Mood swings
<input type="checkbox"/> Nausea	<input type="checkbox"/> Spending too much money
<input type="checkbox"/> Increased use of drugs or alcohol	<input type="checkbox"/> Engaging in high risk behaviors
<input type="checkbox"/> Cravings for drugs or alcohol	<input type="checkbox"/> Laughing uncontrollably
<input type="checkbox"/> Confusion	<input type="checkbox"/> Not taking prescribed medication
<input type="checkbox"/> Poor concentration	<input type="checkbox"/> Feeling hopeless
<input type="checkbox"/> Poor attention	<input type="checkbox"/> Feeling unmotivated
<input type="checkbox"/> Suspiciousness	<input type="checkbox"/> Disorganized
<input type="checkbox"/> Paranoia	<input type="checkbox"/> Fears/ Feeling scared
<input type="checkbox"/> Dwelling on the Past	<input type="checkbox"/> Poor hygiene
<input type="checkbox"/> Interpersonal Conflict	<input type="checkbox"/> Poor grooming

Others:

- _____
- _____
- _____
- _____

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Daily Healthy Activities

<input type="checkbox"/> Eat 3 healthy meals per day <input type="checkbox"/> Maintain good hygiene <input type="checkbox"/> Maintain good grooming <input type="checkbox"/> Have fun <input type="checkbox"/> Read <input type="checkbox"/> Write in a journal <input type="checkbox"/> Do an artistic activity <input type="checkbox"/> Engage in a creative activity <input type="checkbox"/> Engage in a hobby <input type="checkbox"/> Play a game <input type="checkbox"/> Gardening <input type="checkbox"/> Exercise <input type="checkbox"/> Take a walk <input type="checkbox"/> Talk with a support person <input type="checkbox"/> Socialize with friends <input type="checkbox"/> Write a letter to someone <input type="checkbox"/> Make a gratitude list <input type="checkbox"/> Go to a store or other public place <input type="checkbox"/> Attend a group <input type="checkbox"/> Attend a 12 step meeting <input type="checkbox"/> Work the 12 steps	<input type="checkbox"/> Pray <input type="checkbox"/> Read spiritual book (Bible, Koran, etc.) <input type="checkbox"/> Participate in a religious activity <input type="checkbox"/> Be outside for 1 hour <input type="checkbox"/> Meditate <input type="checkbox"/> Practice deep breathing exercises <input type="checkbox"/> Practice muscle relaxation exercises <input type="checkbox"/> Yoga <input type="checkbox"/> Tai chi <input type="checkbox"/> Pilates <input type="checkbox"/> Take a warm bath <input type="checkbox"/> Plan your day ahead of time <input type="checkbox"/> Engage in a goal directed activity <input type="checkbox"/> Give yourself a treat or reward <input type="checkbox"/> Use positive affirmations <input type="checkbox"/> Listen to relaxing music <input type="checkbox"/> Do something for someone else <input type="checkbox"/> Cooking <input type="checkbox"/> Do household chores <input type="checkbox"/> Take medications as prescribed
---	---

Others:

- _____
- _____
- _____
- _____
- _____

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The Daily Checklist

Directions

1. As a precursor to engaging a client into the Daily Checklist, goals should be identified. The use of the Daily Checklist should then be linked to the client's goals, so that the client sees its usefulness. Thus the Daily Checklist becomes a step toward the client achieving self-determined goals.
2. Describe the specifics of the exercise – both identifying the trouble spots (warning signs) that can get in the way and the daily activities that promote a good healthy lifestyle, and move us toward goals.
3. Give the client the list of "Common Warning Signs." Have the client check all that apply. You may offer additional explanations, such as check those that occur when you're starting to have trouble.
4. Go back through the list and have the client circle the top 5-6 items that would be important to keep an eye on. You may wish to assist in identifying those items that you think would be important as well. The goal is to come up with the most significant 5-8 Warning Signs to come up with
5. Put this aside for a moment and engage in the same process with the "Daily Healthy Activities" list (identifying all those that apply, circling the most important to keep an eye on, coming up with a list of the most significant 6-8 Daily Healthy Activities to practice in the coming week). Here I often say things like "I don't want you to sit home all day and monitor your warning signs, let's see what activities you do want to be doing." I also invite the client to initially identify both those items which they are currently doing and those which they would like to start doing. In the end, I like getting some of both on the final list. Those currently being done help to assure that some success will occur; those desired give some new behaviors to work towards.
6. Take both sheets and have the client write the circled items onto The Daily Checklist and explain how to monitor using the 0-3 ratings. Encouraged daily monitoring at the end of the day, using supports (e.g., family) to help as appropriate. To demonstrate, have the client rate the items for the previous day (not today, because you want the client to start doing this the same day they leave your office).
7. Explain that as the numbers go up in one section, they go down in the other. That is, the more you engage in healthy activities, the lower the warning signs will be. When warning signs go up, we are usually not doing so many healthy activities. Ultimately, this can be very empowering, as the client can feel some sense of efficacy. It's easier to increase a Daily Healthy Activity than to decrease a Warning Sign. For example, it's not likely to go home and "hear less voices" or "feel less depressed," however it is more tangible and feasible to have a goal such as "take a walk" or "talk to a support person."
8. Review in session each week, making modifications as appropriate.

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Activity Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00a-8:00a							
8:00a-9:00a							
9:00a-10:00a							
10:00a-11:00a							
11:00a-12:00p							
12:00p-1:00p							
1:00p-2:00p							
2:00p-3:00p							
3:00p-4:00p							
4:00p-5:00p							
5:00p-6:00p							
6:00p-7:00p							
7:00p-8:00p							
8:00p-9:00p							
9:00p-10:00p							
10:00p-11:00p							

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