

**Learning from Illness & Staying Well after Discharge**

Please use this form to learn from what you have been through and to assist in your best efforts to remain well after discharge. Here are a few tips to help you complete this form.

- Seek information from your doctor, therapist, nurse, family members and others who can give their perspective on your behaviors and the circumstances related to your hospitalization.
- Request educational material about your diagnosis, medications, etc. so that you better understand the need for and importance of treatment after discharge.

1. What is(are) your diagnosis(es)? If you disagree with your diagnosis, please indicate what behaviors on your part led to the recommendation that you be hospitalized?

2. Is(Are) your diagnosis(es) chronic?      What outpatient treatment is recommended?

3. What is the difference between having a mental illness and being mentally ill?

4. What signs and symptoms do you experience when you are unwell/stressed?

a. Signs (what **others** notice about you when you are unwell/stressed):

b. Symptoms (what **you** notice about how you think, feel and act when unwell/stressed):

5. Please list the names and dosages of the medications you are taking. Also, list the symptoms with which the medications are supposed to help.

<b>Medication Name</b>	<b>Dosage (amount and how often)</b>	<b>To improve/resolve Signs and Symptoms of</b>

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6. Please list all of the problems that have resulted in your life from as a result of the disorder(s). Please include personal suffering as well impairment in relationships, work, hobbies or legal problems.
  
7. Report improvement that has occurred with hospitalization.
  
8. Please list those symptoms that have not improved or resolved. Specifically, comment on any thoughts you have related to death, dying, suicide or harming anyone else.
  
9. List warning signs and symptoms that you can look for as part of your plan to stay as well as possible.
  
10. List those things that you are planning to do in order to promote your best mental wellness. Specifically, list:
  - a. Planned changes in daily routine:
  
  - b. Planned changes in coping skills and strategies:
  
  - c. Planned changes in support system and/or living situation:
  
  - d. Planned changes in terms of medications and outpatient professional follow-up:
  
  - e. Other:
  
11. List those things that **others** can do to assist you in the event that you become unwell again in the future.