LIVEWELL

Foundations

Check Ins

Daily Review

Wellness Plan

Instructions & Settings



FOUNDATIONS

Overview

2 - Basic Facts About Bipolar

3 - Using Medications

4 - Lifestyle Skills

5 - Coping Skills

6 - Using a Team

7 - Being Aware

8 - Taking Action



CHECK INS

Daily Check In

Weekly Check In



DAILY CHECK INS

Medications

All Some None

Went to bed Got up 7am 🜲

11pm 🜲

-3

-2

EWS

Down Up

Wellness

+1

+3

+2

Save



Weekly Survey Depressed Mood



Over the past week, how often have you been bothered by the following problems?

Little interest or pleasure in doing things

Not at all

Several days

More than half the days

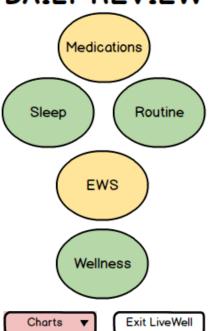
Nearly every day

Next

QUESTION NUMBER IS: 1 OF 8



DAILY REVIEW







My Medications

Name: Lithium

0

Amount: 600mg

When: Every morning

Name: Lithium



Amount: 300mg When: Every night

Name: Lithium



Amount: 15mg

When: Every morning

Name: Lithium



Amount: 1.0 oz

When: At night, as needed

for insomnia



AUGUST



CHARTS

Show Weeks

Show Months

Thu

Fri Sat

| Early Warning Signs | | | |
|---------------------|--|--|--|
| Wellness | | | |
| Medications | | | |
| Sleep | | | |
| Routine | | | |
| | | | |

Tue

Wed

Mon





Details

Widget with

randomly rotating details graphs thumbnail here



WELLNESS PLAN

| My Resources Reduce Risk Awareness & Action |
|---|
| My Medications |
| My Skills |
| My Team |
| |



WELLNESS PLAN

| My Resource | Reduce Risk Awareness & Action |
|---------------|---|
| Blueprint | Exercise at least three times per week Continue attending weekly group therapy Spend more time out of my house |
| Abstinence | Limit coffee intake to one cup per day Avoid triggers that lead to smoking again Limit drinking to special occasions |
| Sleep | Turn off TV in my bedroom Force myself out of bed when I'm feeling down Get at least 6-8 hours of sleep per night |
| Interpersonal | Attend social gatherings in my neighborhood Spend more time with family Limit interactions with negative coworkers |
| Calm | Get rid of clutter in my home Create a payment plan for unpaid medical bills Read more |



WELLNESS PLAN

| ** LLLI | LOO I LAI |
|------------------|---|
| My Resources Red | luce Risk Awareness & Action |
| Be Aware | Take Action |
| +4 Severe Up | Call your psychiatrist. Call 911. Go to the hospital. |
| +3 Moderate Up | Take medications daily. Use lifestyle and coping skills. Use supports. Call your psychiatrist. Consider more intensive treatment. |
| +2 Mild Up | Take medications daily. Use lifestyle skills. Use coping skills. Use coping skills. Use supports. Work more closely with your psychiatrist. |
| +1 Slight Up | Take medications daily: Watch closely. Check for early warning signs. Manage triggers with lifestyle skills. |
| +0 Balanced | Take medications daily. Maintain a healthy lifestyle. |
| -1 Slight Down | Take medications daily. Watch closely. Check for early warning signs. Manage triggers with lifestyle skills. |
| -2 Mild Down | Take medications daily. Use lifestyle skills. Use coping skills. Use supports. Work more closely with your psychiatrist. |
| -3 Moderate Down | Take medications daily. Use lifestyle and coping skills. Use supports. Call your psychiatrist. Consider more intensive treatment. |
| I | |

Call your psychiatrist.

Go to the hospital.

-4 Severe Down





My Team

My Doctor

Name

 \mathfrak{L}

Other Mental Health Providers

(xxx) xxx-xxxx

Name

 Ω

My Pharmacy

(xxx) xxx-xxxx

(xxx) xxx-xxxx

Name

Ω

My Hospital

Name

Ω

(xxx) xxx-xxxx

My Family

Name

B

(xxx) xxx-xxxx

My Friends

Name

Ω

(xxx) xxx-xxxx





My Skills

| I. | Fund | dament | tals | of | Skills | + |
|----|------|--------|------|----|--------|---|
| | | | | | | |

II. Lifestyle Skills -

A. Blueprint +

B. Abstinence +

C. Sleep -

Three day challenge >

Clean castle >

Worry pad ≥

Worry chair >

Imagery >

D. Interactions +

E. Calm +

III. Coping Skills +





Settings & Instructions

| I. Introduction ± |
|--|
| II. Schedule <u>+</u> |
| III. Reminders <u>+</u> |
| IV. Settings <u>+</u> |
| V. Coach ± |
| VI. Psychiatrist <u>+</u> |
| VII. Foundations ± |
| VIII. Check Ins - |
| |
| A. Daily <u>-</u> |
| A. Daily <u>-</u> Wellness rating <u>></u> |
| |
| Wellness rating > |
| Wellness rating ≥ Early warning signs ≥ |
| Wellness rating ≥ Early warning signs ≥ Medications ≥ |
| Wellness rating ≥ Early warning signs ≥ Medications ≥ Sleep ≥ |

XII. FAQs +

XI. Wellness Plan +