

LIVEWELL

Foundations

Check Ins

Daily Review

Wellness Plan

Instructions & Settings



FOUNDATIONS

1 - 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

11pm	⬇
------	---

Got up

7am	⬆
-----	---

EWS

Down	Up
------	----

Wellness

-4	-3	-2	-1	0	+1	+2	+3	+4
----	----	----	----	---	----	----	----	----

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



DAILY REVIEW

Medications

Sleep

Routine

EWS

Wellness

Charts



Exit LiveWell



My Medications

Name: Lithium



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



CHARTS

Show
Weeks

Show
Months

AUGUST	1 Mon	2 Tue	3 Wed	4 Thu	5 Fri	6 Sat	7 Sun
Early Warning Signs							
Wellness							
Medications							
Sleep							
Routine							



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 Resources

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

My Resources

Reduce 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 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.

-4 Severe Down

Call your psychiatrist.
Call 911.
Go to the hospital.



My Team

My Doctor

Name

(XXX) XXX-XXXX



Other Mental Health Providers

Name

(XXX) XXX-XXXX



My Pharmacy

Name

(XXX) XXX-XXXX



My Hospital

Name

(XXX) XXX-XXXX



My Family

Name

(XXX) XXX-XXXX



My Friends

Name

(XXX) XXX-XXXX





My Skills

I. Fundamentals 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 [+](#)

III. Reminders [+](#)

IV. Settings [+](#)

V. Coach [+](#)

VI. Psychiatrist [+](#)

VII. Foundations [+](#)

VIII. Check Ins [-](#)

A. Daily [-](#)

Wellness rating [≥](#)

Early warning signs [≥](#)

Medications [≥](#)

Sleep [≥](#)

B. Weekly [+](#)

IX. Daily Review [+](#)

X. Charts [+](#)

XI. Wellness Plan [+](#)

XII. FAQs [+](#)
