Study ID	Training Date:	Trainer:
	Prepare for the participant	
• 8	Equipment: pre-loaded phone/charger, watch/charger, audio recommary sheet from assessor Participant handouts	corder, \$
1. <u>Intro</u>	<u>duction</u>	Time:
Welcome	e. Thanks for coming to participate in the LiveWell stu	udy.
I'm [nam LiveWell	e]. I will be working as a coach to follow along with y study.	ou while you participate in the
AuToGoMoEvYo	we talk today, I'll take some notes didio recording- only study team listens Use to improve how we help people use the appeaday, about 1 hour of over how to use the equipment of over how to use the self-management application ay seem like a lot so don't worry about every detail ferything we cover today is in Instructions section of an outcan call or email me with questions as well have any questions right now?	

Study ID:	Training Date:	Trainer:
2. Hopes		
[Use participant res [Build rapport. Supp	ponses to emphasize how app will be us oort self-efficacy.]	seful to them.]
How did you deci	ide to participate in this program?	
What would you	like to be different at the end of th	is program?
3. Overview		
MedicationsMost peopleSelf-manag	on self-management tools to help de s shown reduce risk symptoms and e e know about the need for medicatio ement cuts down symptoms up to 50 le do not know about these tools	episodes in bipolar disorder
What do you do t	o manage bipolar disorder now?	
[Support participant	t's efforts to stay well.] [Make links to h	ow <i>LiveWell</i> may be useful if possible.]

Study ID:	Training Date:	Trainer:
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General Rationale and Targets

LiveWell: learn about and practice strategies that focus on ways to:

- 1. Take medications as prescribed
- 2. Get the right amount of sleep
- 3. Keep a regular routine
- 4. Notice early signs or symptoms and take action to decrease the chance of an episode

Time-Limited

The application is designed to be used in a time-limited fashion over a 2 month period:

- Help you learn more about your symptoms
- · Identify ways to reduce their likelihood of occurring
- Manage them when they occur

Hopefully, after using *LiveWell* for 2 months you will be able to better manage bipolar disorder without needing to use the application daily.

4. Wellness Rating Scale

Lima	Time:	
------	-------	--

- Important part of what you will be doing with *LiveWell* is checking in daily
- Involves determining where you are in terms of your personal wellness
- Different people describe this differently
- So before we go to the application, let's create your personalized wellness rating scale

[Give out handout 1: Fillable Anchors, show 9 ratings and standard definitions]

- Will use 9 wellness ratings to check in and help you rate how you are doing each day
- You will write down 3-5 brief statements on handout for each rating
- Can describe your
 - Moods and emotions
 - Kind of thoughts you have
 - Whether your thinking is fast or slow
 - Your behaviors, sleep, or energy levels
 - o Your interests or outlook on life
 - How you relate to others
- I will load anchoring statements on the phone for you so best to keep reminders brief
- Will review in 4 weeks, can update for you if you want to change at anytime
- Objective of this is to create personal, meaningful reminders for well, depressed, manic, in between

Study ID:	Training Date:	Trainer:	
Wellness Scale (-3)			
On the rating scale, e	pisodes of depression correspo	and to feeling moderately down (-3).	
With this type of dowr	people usually have:		
•	oms continue day after day ulty maintaining their usual acti	vities and routines.	
Can you write down depressive episode?	•	describe you when you are having a	
Ok. Now let's take a	look at this handout that cov	ers the main symptoms of depression	n.
[Give out handout 2: Sy	mptoms of Depression.]		
Are there any sympt sheet accordingly.	oms on this list that resonate	e more with you? If so, adjust your	
So what did you writ	e down?		
[If describing most seve	re depression or crisis level of dep	pression, anchor as -4, then return to -3]	
That will be moderat	e down, a rating of -3, consis	tent with a depressive episode.	
Coach notes:			
	_		
	-	_	

Wellness Scale (-4)

Let's consider what would be a crisis situation due to depression. This might include:

- Thinking about suicide including making or acting on plans to kill yourself
- Experiencing psychotic symptoms such as delusions or hallucinations
- Being unable to maintain your regular activities, responsibilities, and routines
- Being unable to sleep, eat, or bath regularly
- Engaging in behaviors with serious consequences (risky, dangerous)

Study ID:	Training Date:	Trainer:	
[If past episodes of suicidal	•) . ession, consider what that was like.] onsider what would lead to 911/hospita	al.]
Can you write down a f	ew words or phrases that v	vould describe you at such a time	?
So what did you write o	lown? [Make sure participan	t is on track]	
This will be severe dow	n, a rating of -4, which mea	ans a crisis due to severe depress	sion.
Coach notes:			
Wellness Scale (-2)			
Many people noticeThese changes hasThese kinds of changes		ng signs	• •
People often maintain the	eir usual activities and routine	es when early warning signs are pre	sent.
-	nrases that describe how you	ou are before an episode of ne <u>FIRST</u> for you.	
[Give out and look over har	ndout 3: Early Warning Signs of	Depression]	
_	arning signs of depression e with you that you'd like to	that are pretty common. Are there add to your sheet?	e any
So what did you write o	lown? [Make sure participan	t is on track]	
This will be mild down,	a rating of -2, which means	s early warning signs of depression	on.
Coach notes:			
			•
			•

Training Date:_____ Trainer:____

,
Wellness Scale (+3)
On the rating scale, episodes of mania correspond to feeling moderately up (+3).
 With this type of up people usually have: Multiple symptoms Symptoms that continue day after day May have difficulty maintaining their usual activities and routines.
Can you write some words or phrases that describe when you are having a manic episode?
Ok. Now let's take a look at this hand out that covers the main symptoms of mania.
[Give out and look over handout 4: Symptoms of Mania.]
Are there any symptoms on this list that resonate more with you? If so, adjust your sheet accordingly.
So what did you write down? [If describing most severe mania or crisis level of mania, anchor as +4, then return to +3]
This will be moderate up, a rating of +3, consistent with a manic episode.
Coach notes:
Wellness Scale (+4)

Study ID:_____

Let's consider what would constitute a crisis situation due to a manic episode.

This might include:

- Being unable engage in your daily activities, responsibilities, and routines
- Being unable to sleep, eat or bath regularly
- Engaging in behaviors with serious consequences (risky, dangerous, fighting, promiscuous, spending)
- Having very poor judgment, making very bad decisions
- Experiencing psychotic symptoms such as delusions or hallucinations

Study ID:	Training Date:	Trainer:	
This would be a manic cris	is or severe up (+4) .		
[If past episodes of severe ma	ania, hospitalization due to	mania, consider what that was like]	
[If never hospitalized or very	severe mania, consider wh	at lead to 911/hospital]	
Can you write down a fev	v words or phrases tha	t would describe you at such a	time?
So what did you write do	wn? [Make sure participa	ant is on track]	
This will be severe up, a	rating of +4, which mea	ans a crisis due to severe mania	I.
Coach notes:			

Wellness Scale (+2)

On the rating scale, early warning signs of mania correspond to feeling mildly up (+2).

- Many people notice low level symptoms or other signs before entering a manic episode
- These changes happen first and often predict an episode of mania
- These kinds of changes are called early warning signs
- Learning to notice and take action helps avoid episodes

People often maintain their usual activities and routines when early warning signs are present.

Write a few words or phrases down that describe this how you are before an episode of mania. Try to list signs or symptoms that come <u>FIRST</u> for you.

Here is a list of early warning signs of mania that are pretty common. Are there any on this list that resonate with you that you'd like to add to your sheet?

[Give out and look over handout 5: Early Warning Signs of Mania]

So what did you write down? [Make sure participant is on track]

This will be mild up, a rating of +2, which means early warning signs of mania.

Study ID:	Training Date:	Trainer:	
Coach notes:			
Wellness Scale (0)			
	are doing well and feeling bala	nced (0).	
Write down a few wo balanced.	rds or phrases that describe	what it's like for you when you	u are
Think about: Your mood Your thoughts Your behaviors Your personalit Your interests Your outlook or How you relate	y n life		
So what did you writ	e down? [Make sure participan	t is on track]	
This will be a 0.			
Coach notes:			

Study ID:	Training Date:	Trainer:	
Wellness Scale (-1)			
Next we can talk abo	out times when you feel slightly	down (-1).	
	nse to routine negative event in o		
Write down a few w	ords or phrases that you at th	ese times.	
So what did you wr	ite down? [Make sure participar	it is on track]	
This will be a -1.			
Coach notes:			
			_
			_
Wellness Scale (+1)			
 Typical respon 	es when you feel slightly up (+1) nse to routine positive event in dal variation in mood.		
Write down a few w	ords or phrases that you at th	ese times.	
So what did you wr	ite down? [Make sure participar	it is on track]	
This will be a +1.			
Coach notes:			

	Livewell: Pilot Study	Application Training
Study ID:	_ Training Date:	Trainer:
5. Home Page		
Now let's start going over the	e application.	
Let me know if goingAsk questions any time		
[Give participant the phone. She [Probe for Android/smart phore.]		· ·
Let's look at the home page you open the application. Rig • Weekly Check In • Daily Check In • Foundations • Toolbox • Wellness Plan		n. You will see this home page when uttons on the home page:
An important part of <i>LiveV</i> I White tabs indicate tasks that		eviewing how you are doing every day o complete today.
There are three main parts of FoundationsToolboxWellness Plan	other than the daily and we	eekly check ins:
and building your own Welln	ess Plan.	es, becoming familiar with the Toolboxing through it all step-by-step with you.
6. Check Ins		Time:

Check Ins: Prompts

Every day application displays a reminder to check in:

- Comes up in tray [Show where will be]
- Will be there in tray until complete LiveWell activities for the day

<u>Check Ins: Settings</u> [Make sure patient on home page and show where settings button is]

Set when would like to receive first reminder of the day to complete *LiveWell* activities:

- Daily Check In
- Daily Review
- Weekly Check In (on Sundays only)

Study ID:	Training Date:	Trainer:	
 Alert icon will state You will get three scheduled, then If you find the resettings to fit you 	e reminder tone or buzzes fror 2 and 4 hours after that minder is routinely arriving at a	n phone: one at time reminder is a bad time, feel free to change the for logistical reasons]	
Any questions about	setting when you want to ch	eck in or about the reminders?	_
7. <u>Daily Check Ins</u>			_
Let's go over each par	of the daily check in.		
[Have participant naviga	te to the Daily Check In page, Rev	iew Daily Check In areas and why compl	ete]
Check Ins: Daily – Med	<u>lications</u>		
	toms and episodes important to reople to take medications		
 Record took all, 	ons in Daily Check In, 3 buttons some, or none daily psychiatri nclude PRN medications or me	c medications last day by push butto	n
What is your target fo [Attempt to engage for a		or bipolar disorder? (percent adhere	ence)
			<u> </u>

Study ID:	I raining Date:	i rainer:	
Check Ins: Daily – Slee	<u>ep</u>		
To reduce symptoms a	nd episodes important to get	the right amount of sleep.	
10 hours being of track of the track	ok for some	eep Foundation is 7-9 hours a retrying to get recommended hour upcoming episode	J
Enter the numberDon't include na	er of hours you think you slept ps.	each night [not time in bed]	
[Go over how use slider t	o input sleep duration in half ho	ur increments]	
What is your target fo	r amount of sleep?		
[Attempt to engage for a	two hour window that remains	between 6 to 10 hours]	

Check Ins: Daily - Routine

To reduce symptoms and episodes also important to keep a regular schedule. In particular, try to do these 5 activities at about the same time every day:

- Get out of bed
- First have contact with another person
- Start work/school/volunteer/family care
- Dinner
- Get to bed

Daily check in asks you to keep track of when you go to bed for the night/get up for the day

- Push button to record when to bed the night before with the intention of going to sleep
- Selected time, not when you went to sleep but when you tried to get to sleep
- Push button to record when you got up planning to start your day
- Select time you got up
- Be mindful of AM/PM for times selected

Study ID:	Training Date:	Trainer:
What is your target for	routine?	
[Attempt to engage for cor	nsistency; 1.5 hour window for	bedtime and rise-time]
Charle Ing. Daily - Walla	ana Canla	
Check Ins: Daily – Welln		
• •	•	ware of how you are doing and taking manage any residual mood symptoms.
_		 by pressing the rating on daily check in ver the entire prior day (or past 24 hours)
 Don't rate how you 	u are doing just in the mome	nt you are checking in
	reflect an how you are doin nchors for the scale that we l	•
•	_	f you aren't sure how you did
Once you press tr	ie number, turns white, so yo	ou know it has been selected
What is your target for	monitoring and managing	early warning signs and symptoms?
[Attempt to engage for mo	nitoring ews]	

[Have participant return to the home page when prompt for daily review comes up]

Study ID:_		Training Date:	Trainer:	
8. <u>Daily I</u>	<u>Review</u>			
[Help partic	ipant navigate to the	e Daily Review]		
• Con	nes up automatical	ecommend you complet ly after Daily Check In er Daily Check In or late	te the Daily Review every day: er if not enough time	
takilgettmail	Review bar graphs ng <u>Medications</u> ng <u>Sleep</u> ntaining regular <u>Ro</u> Wellness	·	how doing with and provides	feedback:
	ed on your Daily C	heck Ins for current day for each target (e.g. 10	y and last 6 days checked in 00% of meds)	
[Show hove	r bars, cover how %	works, set personal targe	t sleep duration, bed/rise-time la	ater]
If soProAfteAlso	mething amiss, Provides option May suggest ca mpt you back to rel r complete review, can "Review Som From end of the	evant wellness plan, for can repeat suggested lething Else" of your chood daily review	undations, and toolbox Daily Review from home scree	∍n
[Have partion	ipant complete the	Daily Review]		
How migh	t you find the dail	y check in and daily r	eview useful? Questions?	

Study ID:	Training Date:	Trainer:
9. Weekly Check Ins		Time:

Weekly Check In:

- Comes up on Sundays
- 4 sections

First two sections:

Questions about depression and mania

[Have participant navigate to the Weekly Check In]

- Please enter an answer for each question
- App will prompt you to enter an answer if you don't
- Your responses should consider the entire past week, not just the day of check in

Last two sections:

- Checklists for early warning signs of depression and mania
- Check off any that you noticed in the last week
- Remember these should be early warning signs of a mood episode (+/- 2)
- Not just slight ups and downs that you might expect in response to events (+/- 1)
- If you didn't experience any early warning signs then just leave the checklist blank

[Have participant complete weekly check in]

10. Clinical Status Summary

You will have access to an online dashboard that displays an overview of how you are doing. I will email you a link and password in separate emails. The reports do not contain your name or other identifiers, and the website is secure.

[Handout 6 Clinical Status Summary or Navigate to: https://mohrlab.northwestern.edu/livewell-dash/, describe information presented]

You can allow your psychiatrist or other mental health provider to review this overview report of how you are doing.

[Ask if want to give anyone access to the reports]
[If yes, get name and email and complete authorization]

Your mental healthcare provider must opt in to have access to the dashboard. If they would like to see the reports, they will receive a link and password separately to ensure security. You can withdraw their access to the dashboard at any time.

Are you comfortable with your provider having access to this information? [Reassure that dashboard is secure, remind that no names used on actual reports.]

Study ID:	Training Date:	Trainer:	
 Based on Daily Check In, D Taking medications Getting adequate sle Early warning signs of Severe symptoms 	ер	you to call your psychiatrist if pro	oblems:
We may also contact your p	sychiatrist. However, sin	doing well based on your self-repace we are only here M-F 9-5, yo g severe symptoms consistent wi	u should
It is essential that you call	your psychiatrist if yo	u are having problems.	
psychiatrist. Any time your application will also recomm Check the summaryRespond promptly to	psychiatrist receives an lend you call your psych reports on the dashboard alert calls or email alerts		
Do you have any question	s about the <i>LiveWell</i> re	eports and notification?	

11. Instructions

[Show participant that Instructions are available from the home page]

- Covered a lot today
- Instructions section goes over what talked about today

12. Refresh

[Show participant the refresh button on Home Page]

- Refresh button allows content in the application to update
- You can update anytime by pressing the Refresh button
- If content seems old or is inconsistent with most recent conversation with me, we recommend pressing refresh button before letting me know
- Push the Refresh button tomorrow to update based on information you gave me today

Study ID:	Training Date:	Trainer:
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13. Summarize

What it's designed to do:

- App help you learn how to better manage bipolar disorder
- Goal reduce likelihood of symptoms, better manage symptoms when they occur

Important clarifications:

- Not a replacement for working with your psychiatrist and other mental health providers
- Not an emergency service
- As your coach, help you get most out of app but not a therapist
- Urgent psychiatric problem, contact your psychiatrist immediately
- Although app may provide summary information for psychiatrist, not a replacement for talking with your psychiatrist about:
 - Symptoms consistent with an episode
 - Early warning signs that you cannot reduce with self-management in 1-3 days
 - Any ongoing mental health or medication problems you are having

If you are feeling suicidal or getting into dangerous situations, you should:

- Call 911
- Go to the nearest emergency room

14. Equipment

You might be aware that activity tracking devices are a new trend to help live a healthy lifestyle and maintain a routine. Your study phone and watch will collect behavioral data. We are examining how this information may be useful for helping those with bipolar disorder.

We ask that you keep both the phone and the watch on and fully charged, and that you wear the watch and carry the phone at all times.

The phone has an application installed, called Purple Robot, that collects data about activity, location, calls, and texts (which does not include information about content or identities)

The pebble watch sends feedback from its sensors to the phone to track sleep, activity level

- Apologize if it feels bulky on wrist. So appreciative if you can wear it 24/7
- Water resistant
- Prefer worn on non-dominant wrist

If you are experiencing any technological issues, you can call or email me anytime.

[Make sure that seems feasible. Make relationship to result in meaningful data]

Study ID:	Training Date:	Trainer:
15. <u>Coach's Role</u>		Time:

- Help learn how to use the application so most helpful for you
- Set up phone calls to see how things are going
- Opportunity for you to ask questions about application
- Can also contact me by email at LiveWellCoach@Northwestern.edu
- Phone at 312-503-1886
- This info is in Instructions → Coach

During the first month, work with you to go over basic ideas about managing bipolar disorder.

This information is in Foundations. There are 8 Foundations modules:

- Each module takes about 5-10 minutes to read
- Read all the modules during the 1st month of the program
- About two modules a week 1st month

For the first 3 weeks, we'll schedule a brief 15 min phone call each week and review:

- The modules for that week
- How you have been using the application
- Any difficulties with the application
- · Goals for using the application and meeting your targets

<u>During the fourth week</u>, we'll have a longer 30-40 minute call to:

- Wrap up last modules
- Build your personal wellness plan.
- We will review this plan two weeks later, during week six

You can also call anytime if having problems with using application, phone, or watch.

After week 6, we'll schedule a call to discuss wrapping up your daily use of the application, to talk about your experience of the LiveWell program, and your long terms plans for managing bipolar disorder.

Prior to scheduled calls, I will review your application use and will have a sense of how things are going. This includes your daily check-in data and whether or not you took a look at the foundations.

I'll also call you, if it appears you are not using checking in daily.

Study ID:	Training Date:	Trainer:	
[Work toward mutual ex	cout these coaching calls? Expectations for use of application ity. Address privacy concerns.]	and completion of lessons.]	
How about this sche [Elicit commitment. Find	dule? I out about potential obstacles.]		

16. Commitment and Goals

[Summarize participant's story, dilemmas/strengths, barriers/solutions] [Highlight "change talk" and perceived positives of *LiveWell* program. Link to hopes.]

To get started we recommend that you:

- Read 2 modules a week during the 1st month
- Use the daily check in and daily review every day for 2 months
- Use the application to assist with
 - o Taking medications daily
 - o Getting the right amount of sleep
 - Keeping a regular routine
 - o Watching for signs that might indicate you are heading toward an episode

[Summarize targets]

Study ID:	Training Date:	Trainer:	
What do you think al	oout your targets?		
[Acknowledge negative [Use non-controlling lan [Problem solve. Be flexib	feelings about requesting attemp guage (avoid should, must, have	to).] application to help, what focus on first	
			<u> </u>
Do you think using t	he application might help yo	u achieve these targets? How?	
You said you were h		that you know more about applica	ation,
tnink <i>Livewell</i> progra	am help you get there? Exa	ctly now?	

Study ID:	Training Date:	Trainer:	
Beyond concerns LiveWell?	talked about [name them], what i	night make hard to participat	e in
What might you o	r we do get past these obstacles	s so can benefit most from <i>Li</i>	veWell?
We recommend d	aily use of the <i>LiveWell</i> applicat	on. What do you think about	that?
<u>18. Wrap Up</u>			
 Read the Over the Control 	out the week ahead. We recommer verview and Basic Facts in foundat y check in and daily review every o	ions before we talk next week	
How does the goa	ll of doing this for the next week	sound to you?	

Study ID:	Training Date:	Trainer:
o you have any ot	ther goals in terms of using the	application for the next week?
I appreciate yI really think ySometimes th	ou will find this program useful in	earning about the program today. helping you stay well. able to use the program as planned.
o you have any qu	estions for me?	
hank you for comin	g in today.	
Summary:		
		Time:
	REMEMBER: Administer RedCap PD	Q and pay participant

Wellness Rating Scale

Wellness	Definition	Anchors
+4 Severe Up	Poor judgement. Dangerous behaviors Not sleeping. Hallucinations/delusions.	
+3 Moderate Up	Many symptoms day to day. Manic episode probably happening. Difficult to maintain activities/routine.	
+2 Mild Up	Some symptoms, early warning signs. Manic episode may be coming. Can still maintain activities/routine.	
+1 Slight Up	Response to recent/upcoming good event. Likely normal variation in wellness. Understandable and manageable.	
0 Balanced	Neither up nor down. Doing well.	
-1 Slight Down	Response to recent/upcoming bad event. Likely normal variation in wellness. Understandable and manageable.	
-2 Mild Down	Some symptoms, early warning signs. Depressive episode may be coming. Can still maintain activities/routine.	
-3 Moderate Down	Many symptoms day to day. Depressive episode probably happening. Difficult to maintain activities/routine.	
-4 Severe Down	Serious ideas about suicide. Immobilized. Dangerous behaviors. Disrupted sleep. Hallucinations/delusions.	

Symptoms of Depression

The hallmark of depression is **low** mood or diminished interest and pleasure in life. Other symptoms include:



- ✓ Weight loss or weight gain
- ✓ Sleeping too much or too little
- ✓ Physical agitation or slowing down
- ✓ Fatigue or loss of energy
- ✓ Feeling worthless or guilty
- ✓ Difficulty concentrating
- ✓ Thoughts of death or suicide

Low mood or diminished interest/pleasure plus 4 or more other symptoms on **most days for 2 weeks** is considered a full-blown depressive episode.

Early Warning Signs of Depression Many people notice low level symptoms or other signs well before entering a depressive episode. These are called early warning signs. Common early warning signs include:

- ✓ Sad or anxious mood
- ✓ Less energy than usual
- ✓ Problems concentrating
- ✓ Less interest than usual
- ✓ Negative thinking
- ✓ Withdrawn
- ✓ Sleep disturbance
- ✓ Guilt

How can you tell if an episode of depression is coming? What changes do you recognize in yourself that lead up to a depressive episode? Are there any signs that you notice <u>first</u>?

Symptoms of Mania

The hallmark of mania is a **euphoric or irritable mood**. Other symptoms include:

- ✓ Inflated self-esteem/grandiosity
- ✓ Decreased need for sleep
- ✓ More talkative than usual
- ✓ Racing thoughts
- ✓ Difficulties concentrating
- ✓ Increased activity level
- ✓ Risky activities

Elevated or irritable mood plus 3 or more other symptoms **for a week** is considered a full-blown manic <u>episode</u>.

Early Warning Signs of Mania

Many people notice low level symptoms or other signs well before entering a manic episode. These are called early warning signs. Common early warning signs include:

- ✓ Sleep disturbance
- ✓ More active than usual
- ✓ More talkative than usual
- ✓ More social than usual
- ✓ More irritable/agitated than usual
- ✓ Increased energy
- ✓ Increased self-esteem
- ✓ Racing thoughts

How can you tell if an episode of mania is coming? What changes do you recognize in yourself that lead up to a manic episode? Are there any signs that you notice **first**?

Study ID:		Coach:		Date of ses	sion:	
WEEK 1						
Get prepared with	h data since last	call				
Medications:	Sleep:	Routine: Wellness R		Ratings:	Use of App (check ins):	
Weekly Goals (train	l ning session):					
Hopes (Initial session	on):					
Coach only:						
Daily Review feedb	eedback category: LiveWell Clinical Status:		Weekly Survey Scores PHQ8 ASRM		vey Scores ASRM	
1. <u>Aims</u>						
Hi [participant]. This is your coach, [name], from the <i>LiveWell</i> program. I'm calling for our Week 1 check in. It should take about 15 minutes. Is that alright?						
Today, we are scheduled to review 2 lessons (Overview and Basic Facts), how using the daily check in and daily review went, and your goals from the phone training.						
Is there anything else you would like to cover?						
Any problems, questions, or concerns about using the application? Does your personalized content look up to date [anchors, meds, psych info]?						

Study	ID:	Coach:	Date of session:
2. <u>Re</u>	<u>view</u>		
	_		ne data I have received, it looks like tings, symptoms, targets, use of application].
Does t	hat sound right?		
	ort awareness, action, an oring, and implementing		ets. Explore problems with targets, ews
-	revise targets after repeaule has shifted).]	ated failures unless	good reason to do so (i.e. started new job and
Goals			
	me you hoped [initial ses vant info discussed in re		extent were you able to achieve this goal? narize here]
	<u>soal met</u> : Good for you! [pes]?	Do you think that th	nis could have any impact on [summarize
	<u>soal not met</u> : Okay. Let's things that got in the wa		earn about this situation. What is your sense

3. Goal Setting
Let's think about your goals for using LiveWell in the week ahead.
[Use FLOWSHEET to establish appropriate goals.]
➤ If recommending a change in goal for participant:
[If recommending change because of (1) higher priority issue arose (symptoms, targets, tasks) (2) repeated failure, or (3) entering maintenance, then provide explanation.]
It sounds like [summarize relevant target or symptoms]. It seems like [target or app use] make the most sense to focus on for next week. How about trying to [new goal]. How does that sound?
-
➤ If not recommending a change in goal for participant:
[If not recommending change, let the participant decide what they want to do. If they have failed a goal one week, encourage them to try again. If they are in maintenance and have had the same goal for a while, suggest they try something new.]
It sounds like [summarize performance on goal]. Can you think of a goal that's related to the application or staying well?
[If struggling to come up with goal, suggest something.]
How do you think [above goal] might help you?

Study ID:	Coach:	Date of session:
Is there anything th	at might make it difficult to do	this?
What might help yo	ou overcome this obstacle?	
4. Lessons and To	olbox	
Now we can briefly didn't get a chance		[you did get a chance to read them/you
=		ne way then skip to Toolbox section. Say they nd follow-up with any questions they have].
medications can he	_	how self-management along with focused on symptoms, early warning signs, ation about bipolar disorder.
What are your thou	ghts and feelings about the ma	terial?
Do you have any qu	estions about the information រុ	oresented?
	creasingly aware that different p you had a chance to look at the	parts of the application point you to skills in Toolbox?

Study ID:_	Coach:	Date of session:
If you wan	nt to navigate there now with me, you'll see there are	e 5 categories:
• Ma	aking Changes: get motivated, make goals, follow thr	ough
	If-Assessment: targets awareness and action/prepare	_
' <u></u>	estyle: reduce risk with SMARTS (skills for a healthy I	
' <u></u>	ping: depression – dial up, mania – dial down	
	<u>am</u> : prepare and plan with psychiatrist, supports, ho	spital
How do yo	ou think the Toolbox might be helpful?	
	o explicit schedule for using the assessments or learr olbox; they are available for you to peruse on your ow	
· · · · · · · · · · · · · · · · · · ·	l a skill you like, you can choose to add it to your "My ou want to try adding a skill together now?	Skills" section of the wellness
	on or they want to add a skill, let them choose any sl t want to, move on].	kill and instruct how to add. If
5. <u>Close</u> Sounds lik goal].	te you have a great plan for the upcoming week. You	are going to try to [summarize
Also read	about Medications and Lifestyle Skills in Foundations	s before we talk next week.
Can we se	et a time for next week?	
If anything	g comes up before then, please feel free to call me. T	hanks for talking with me today.

Study ID:	Date of session:					
WEEK 2						
Get prepared with	h data since last	call				
Medications:	Sleep:	Routine: Wellness		Use of App (chins):		of App (check :
Weekly Goals (wee	k 1):		1			
Hopes (Initial session	on):					
Coach only:						
Daily Review feedb	ack category:	LiveWell Clinical Status:		Weekly Survey Score PHQ8 ASRI		vey Scores ASRM
1. AimsHi [participant]. This is your coach, [name], from the LiveWell program. I'm calling for our Week2 check in. It should take about 15 minutes. Is that alright?						
Today, we are scheduled to review 2 lessons (Medications and Lifestyle Skills), how using the daily check in and daily review went, and your goals from last week. We will also become more familiar with the Wellness Plan.						
Is there anything else you would like to cover?						
Any problems, questions, or concerns about using the application?						

Stu	dy ID:	Coach:	Date of session:
2.	Review		
		things are going. Based on the daard data including wellness rating	ata I have received, it looks like s, symptoms, targets, use of application].
Doe	es that sound rigl	ht?	
-	: -	s, action, and success with targets. Dlementing plan.]	Explore problems with targets, ews
	ly revise targets edule has shifted	_	d reason to do so (i.e. started new job and
Goa	als_		
		d [week 1 goal]. To what extent we used in review of dash, summaris	-
	If goal met: Goo hopes]?	d for you! Do you think that this c	ould have any impact on [summarize
_			
	If goal not met: of things that go	-	about this situation. What is your sense

Study ID:	Coach:	Date of session:
3. Goal Setting		
Let's think about your	goals for using LiveWell in the	week ahead.
[Use FLOWSHEET to	establish appropriate goals.]	
➤ If recommending a	a change in goal for participant	<u>:</u>
_	nge because of (1) higher prior (3) entering maintenance, th	rity issue arose (symptoms, targets, tasks), en provide explanation.]
=	• • • •	ms]. It seems like [target or app use] makes it trying to [new goal]. How does that
If not recommend	ing a change in goal for partici	pant:
failed a goal one weel		cide what they want to do. If they have . If they are in maintenance and have had g new.]
It sounds like [summa application or staying	_	you think of a goal that's related to the
[If struggling to come	up with goal, suggest somethi	ng.]
How do you think [abo	ove goal] might help you?	

Study ID:	Coach:	Date of session:
Is there anything tha	t might make it difficult to do	this?
What might help you	overcome this obstacle?	
4. Lessons and We	<u>llness Plan</u>	
Now we can briefly r didn't get a chance to		[you did get a chance to read them/you
- ·		ne way then skip to Wellness Plan section. y'd like and follow-up with any questions
barriers to using med	lications effectively; and the <u>Li</u>	medications and how to overcome common ifestyle Skills focused on how to promote utine, tranquility, and socialization.
What are your thoug	hts and feelings about the ma	terial?
Do you have any que	stions about the information p	presented?

Study ID:	Coach:_		Date of session:
you are using		se anchors are	nchors for the wellness rating scale that e in the Wellness Plan. Let's navigate
My Re O O Reduction of the control	My Team – check that app My Charts – reviews targe My Skills – where skills fro ce Risk: SMARTS – click on button Your personal goals for slo Generic plans if goals not reness & Action: Review standard definition	f correct, please p has correct p ets, might use to om the toolboom to learn about eep, meds, rout met, will perso	to assist with monitoring targets at that you save show up trelated skills utine from initial meeting
O			in week 4 call
We will perso	n about developing your We onalize it during our call in v think about the Wellness P	week 4.	the end of the Foundations. tions?
5. <u>Close</u> Sounds like y goal].	ou have a great plan for the	e upcoming we	eek. You are going to try to [summarize
Also read abo	out Coping Skills and Using a	a Team in foun	idations before we talk next week.
Can we set a	time for next week?		
If anything co	omes up before then, please	e feel free to ca	all me. Thanks for talking with me today

Study ID:		Coach:		Date of ses	sion	:
WEEK 3	WEEK 3					
Get prepared wit	Get prepared with data since last call					
Medications:	Sleep:	Routine:	Wellness	Ratings:	Use ins)	e of App (check :
Weekly Goals (wee	k 2):				I	
Hopes (Initial session	on):					
Coach only:						
Daily Review feedb	ack category:	LiveWell Clinical Status	:	Week PHQ8	ly Sui	rvey Scores ASRM
1. Aims	bio io vour cooo	. [nama] from the Li	مر ۱۹/۵۱۱ مرد	agram l'us c	مالام	a for our Wook
· · · · · · · · · · · · · · · · · · ·	=	n, [name], from the <i>Li</i> v 5 minutes. Is that alrig	=	ogram. i m c	ann	g for our week
Today, we are scheduled to review 2 lessons (Coping Skills and Team), how using the daily check in and daily review went, and your goals from last week.						
Is there anything else you would like to cover?						
Any problems, questions, or concerns about using the application?						
[If applicable: Does your personalized content look up to date (anchors, meds, psych info)]?						

Sti	udy ID:	Coach:	Date of session:
2	. <u>Review</u>		
		things are going. Based on the danger of the	ata I have received, it looks like s, symptoms, targets, use of application].
Do	oes that sound righ	t?	
_			
	upport awareness, onitoring, and imp	_	Explore problems with targets, ews
	nly revise targets a hedule has shifted	_	d reason to do so (i.e. started new job and
<u>Gc</u>	<u>pals</u>		
		[week 2 goal]. To what extent wo	ere you able to achieve this goal? ze here]
>	If goal met: Good hopes]?	l for you! Do you think that this c	ould have any impact on [summarize
_			
>	If goal not met: Of things that go		about this situation. What is your sense
_			

Study ID:	Coach:	Date of session:
3. Goal Setting		
Let's think about yo	ur goals for using <i>LiveWell</i> in the	week ahead.
[Use FLOWSHEET to	establish appropriate goals.]	
➤ <u>If recommending</u>	a change in goal for participant:	
[If recommending ch	ange because of (1) higher priori	ty issue arose (symptoms, targets, tasks),
(2) repeated failure,	or (3) entering maintenance, the	n provide explanation.]
-	- , .	ns]. It seems like [target or app use] makes trying to [new goal]. How does that
➤ If not recommend	ding a change in goal for particip	ant:
failed a goal one wee		ide what they want to do. If they have If they are in maintenance and have had g new.]
It sounds like [summ application or staying	_	you think of a goal that's related to the
[If struggling to come	e up with goal, suggest somethin	g.]
How do you think [al	pove goal] might help you?	
Is there anything tha	t might make it difficult to do thi	s?

LiveWell: Scheduled Coaching Calls Pilot Study FV Study ID:_____ Coach:_____ Date of session: What might help you overcome this obstacle? 4. Lessons Now we can briefly review the lessons. It looks like [you did get a chance to read them/you didn't get a chance to read them]. [If they didn't read, ask what may have gotten in the way then skip to Close. Say they can review the lessons after the call if they'd like and follow-up with any questions they have]. The Coping Skills provided basic information on how to dial up when depressed and dial down when manic; and the Using a Team Effectively focused on building supports, good rapport with your psychiatrist, and identifying a hospital should the need arise. What are your thoughts and feelings about the material? Do you have any questions about the information presented? 5. Close Sounds like you have a great plan for the next week. You are going to try to [summarize goal]. Also read about Awareness and Action in the foundations and think about how you might want to personalize your Wellness Plan before we talk next week. Coming up with some ideas ahead of time will help our call go more smoothly.

Can we set a time for next week? The call will be a little bit longer, probably will take about 30-40 minutes. _____

If anything comes up before then, please feel free to call me. Thanks for talking with me today.

Study ID:		Coach:		Date of se	ession:	
WEEK 4						
Get prepared wit	h data since last	call				
Medications:	Sleep:	Routine:	Wellness	Ratings:	Use	of App (check ins)
Weekly Goals (wee	ek 3):					
Honos (Initial cossi	on):					
Hopes (Initial sessi	onj.					
Coach only: Daily Review feedb	nack category:	LiveWell Clinical Statu	16.	Wee	kly Su	rvey Scores
Daily Neview leeds	oack category.	Livevven Cimical State	15.	PHQ8		ASRM
1. Aims						
	="	h, [name], from the <i>L</i> 0 or 40 minutes. Is th	=	_	calling	g for our Week
	d daily review w	w the last two lesson ent, and your goals fr				_
Is there anything	else you would	like to cover?				
Any problems, qu	uestions, or cond	cerns about using the	applicatio	n?		

Stı	ıdy ID:	Coach:	Date of session:
2.	Review		
		things are going. Based on the dangered data including wellness rating	ata I have received, it looks like s, symptoms, targets, use of application].
Do	es that sound righ	t?	
	upport awareness, onitoring, and imp	_	Explore problems with targets, ews
-	nly revise targets a nedule has shifted		d reason to do so (i.e. started new job and
<u>Gc</u>	<u>als</u>		
		[week 3 goal]. To what extent we ussed in review of dash, summaris	ere you able to achieve this goal? ze here]
>	If goal met: Good hopes]?	I for you! Do you think that this c	ould have any impact on [summarize
>	If goal not met: Of things that got		about this situation. What is your sense

Study ID:	Coach:	Date of session:
3. <u>Lessons</u>		
Now we can briefly r get a chance to read	-,	ou did get a chance to read them/you didn't
		way then skip to Wellness Plan section. Say and follow-up with any questions they
	sion and mania. The <u>Action</u> secti	ur personal early warning signs and on offered guidance about how to manage
What are your thoug	ghts and feelings about the mate	rial?
Do you have any que	estions about the information pro	esented?
		<u> </u>

4. Wellness Plan

Okay. Let's talk about your personal Wellness Plan.

We'll come up with your plan and I'll enter it into the application within the next 24 hours. Go ahead and get your study phone out or put me on speaker if you're talking on the study phone, and open up the application and go to the Wellness Plan section.

My Resources

First, let's take a look at My Resources. You'll see four buttons:

- My Medications
- My Team
- My Skills
- My Charts

Study ID:	Coach:	Date of session:
•		u read about a skill in the Toolbox I also automatically populate for you
Take a look at Medicati	ions. Are they all correct? [Record ch	nanges to make]
Medication	Dosage	Frequency
		
	m. Right now it should have your psotion correct? Who else will be a sup	
Role	Name	Number
Psychiatrist		
Theranist		

Role	Name	Number
Psychiatrist		
Therapist		
Pharmacy		
Hospital		
Family		
Friends		
Other		

Study ID:	Coach:	Date of session:
Reduce Risk		
Next, let's take a look at	t Reduce Risk.	
Perhaps you remember the acronym SMARTS that we use to remember the life areas that are important for wellness: sleep, medicine, attend, routine, tranquil, and social.		
Right now, you see som	e sample ideas for living a hea	Ithy lifestyle.
Let's replace sample ideas with your own. Pick one, two, or three things at most for each area. What sorts of things do you want to do to reduce your risk for symptoms?		
Area		Goal
Sleep		
Medicine		
Attend		
Routine		
Tranquil		
Social		

LiveWell: Scheduled Coaching Calls Pilot Study FV		
Study ID:	Coach:	Date of session:
Awareness and Action		
	awareness and action. First oplication training when you	take a look at your anchors. You came up a came in and met with me.
•	e learned about bipolar diso anything you'd like to add, r	rder, and about yourself, you may want to emove, or re-word?
Wellness		Anchors
+4 Severe Up		
+3 Moderate Up		
+2 Mild Up		
+1 Slight Up		
0 Well		
-1 Slight Down		

-2

-3

-4

Mild Down

Moderate Down

Severe Down

LiveWell: Scheduled Coaching Calls Pilot Study FV Coach: _____ Date of st

Date of session:_____

Study ID:____

	me generic suggestions in there right now. Let's change
these to suit you. Pick one, two, or the	ree things you might do when
Wellness	Action
+4	
Severe Up	
+3 Moderate Up	
Moderate op	
+2	
Mild Up	
+1	
Slight Up	
0	
Well	
-1	
Slight Down	
-2	
Mild Down	
TVIIId DOWII	
-3	
Moderate Down	
-4	
Severe Down	

Study	'ID:	Coach:	Date of session:
5. <u>C</u>	<u>Close</u>		
regula sure y	ar basis as your you're on track	goal. The Daily Check Ins and D	ou review and use your Wellness Plan on a Daily Reviews will help you do this. But be uce Risk when you are doing well and Take
How	do you think thi	s might help you?	
		t might make it difficult to do t	
What	might help you	overcome this obstacle?	
	update your app ing looks incorr		we discussed today. Please let me know if
Okay,	so we will talk	in two weeks. Can we set a tim	e now?
If any	thing comes up	before then, please feel free to	o call me. Thanks for talking with me today

Study ID: Date of session:							
WEEK 6							
Get prepared wit	h data since last	call					
Medications: Sleep: Routine: Wellness Ratings: Use of App (c							
Weekly Goals (wee -Review and use W Hopes (Initial sessi	/ellness Plan on a	daily basis					
Coach only:							
Daily Review feedb	oack category:	LiveWell Clinical Status:		Weekly PHQ8	Survey Scores ASRM		
1. Aims Hi [participant]. How are you doing? This is your coach, [name], from the LiveWell program. I'm calling for our Week 6 check in. It should take about 15 minutes. Is that alright? Today, we are scheduled to review your wellness plan, how using the daily check in and daily review went, and your goals from the last time we talked. Is there anything else you would like to cover?							
Any problems, qu		erns about using t	the applicatio	n? Does your \	Wellness Plan		

Sti	udy ID:	Coach:	Date of session:
2	. <u>Review</u>		
		things are going. Based on the dard data including wellness ratings	ata I have received, it looks like s, symptoms, targets, use of application].
Do	es that sound righ	t?	
_			
_	upport awareness, onitoring, and impl	•	Explore problems with targets, ews
_	nly revise targets a nedule has shifted)		d reason to do so (i.e. started new job and
Go	oal <u>s</u>		
ex	tent were you able	bout reviewing and following you to achieve this goal? ssed in review of dash, summariz	ur Wellness Plan on a daily basis. To what ze here]
>	If goal met: Good hopes]?	for you! Do you think that this co	ould have any impact on [summarize
>	If goal not met: O of things that got		about this situation. What is your sense

Study ID:	Coach:	Date of session:
3. Wellness Plan		
Now that you've had	some time with it, what do you	think about your Wellness Plan?
Is there anything you	want to change in your Wellnes	ss Plan?
Wellness Plan on a da	aily basis as your goal. The Daily ou're on track knowing how you	u continue to review and use your Check-Ins and Daily Reviews will help you u want to Reduce Risk and Take Action
How do you think thi	s might help you?	
Is there anything tha	t might make it difficult to do th	is?
What might help you	overcome this obstacle?	

Study ID:	Coach:	Date of session:
We won't talk again un more weeks from now.	•	sing the application daily, which is about 2
That last week, a 9 th fou remind you to read it.	undation lesson called "Wrapp	ing Up" will be highlighted in white to
Can we set a time for th	ne next call now?	
emailing. Also, if you w		h using the application by calling or r personalized content (medications,
	out if it looks like there are proing the application regularly.	oblems with the watch or phone, or if it

Thanks for talking with me today.

Study ID:		Coach:	Date of session:					
Final Week (8)								
Get prepared with data since last call								
Medications:	Sleep:	Routine:	Wellness Ratings:	Use of App (check ins)				
Weekly Goals (week 6): -Review and use Wellness Plan on a daily basis								
Hopes (Initial session	Hopes (Initial session):							
Coach only:								
Daily Review feedb	ack category:	LiveWell Clinical Statu	s: Wee	ekly Survey Scores B ASRM				
1. <u>Aims</u>								
Hi [participant]. This is your coach, [name], from the <i>LiveWell</i> program. I'm calling for our final check in. First I'd like to congratulate you on sticking with the application for two months. How does it feel?								
• •	Today, we are scheduled to review the wrap up lesson, how using the application went, and to what extent the application helped you meet your hopes. It should take about 15 minutes.							
Is there anything else you would like to cover?								

Stu	dy ID:	Coach:	Date of session:
2.	Review		
			ata I have received, it looks like gs, symptoms, targets, use of application].
Doe	es that sound righ	t?	
	pport awareness, nitoring, and imp	_	. Explore problems with targets, ews
Goa	als.		
exte	ent were you able	about reviewing and following your to achieve this goal? Issed in review of dash, summaring	our Wellness Plan on a daily basis. To what ize here]
	If goal met: Good hopes]?	for you! Do you think that this o	could have any impact on [summarize
	If goal not met: Cof things that got		n about this situation. What is your sense

Study ID:		Coach:	Date of session:
3.	<u>Lesson</u>		
the	·	for you, and provided some q	program, asked some questions about how uestions about how you might best manage
4.	LiveWell Program	<u>n</u>	
Did	the program help	you reach your hopes of [sur	nmarize hopes]?
Wa	s anything especia	ılly helpful?	
Wh	at do you plan to	do in the future to maintain g	ains and make further gains?
Wh	at do you plan to	do in the future should you ha	ave any setbacks?
5.	<u>Close</u>		
-	preciate your taki king with you.	ng such an active part in usin	g the application. It has been really nice
Do	you have any final	concerns to discuss?	

Study ID:	Coach:	Date of session:
After this point, use of the a	application is optional. We v	will be in touch to schedule an
appointment to return the	equipment.	
Thanks for talking with me t	today, and I wish you all the	e best moving forwards.

LiveWell Pilot Study: Study ID:		:	Date of	session:		
1. SEVERE SYMPTOM	IS (Crisis Wellness	s Rating)				
<u>Definition</u> : Participan	t with daily wellne	ess rating of +4 or -4				
Get prepared with da	ita since last call					
Medications:	Sleep:	Routine:	Wellness	Ratings:	Use	of App (check ins):
Daily Review feedba	ack category:	LiveWell Clinical	Status:	We PHQ		rvey Scores ASRM
You rated yourself as						
Remember that it is a unable to maintain da call your psychiatrist	aily routines. This	includes thoughts o	f hurting yourse		-	
I'd like to ask a few q	uestions to make	e sure you are safe r	ight now. Is tha	at okay?		
						<u> </u>

> Complete suicidality protocol.

If suicidal ideation is low or mild then complete the crisis protocol. If suicidal ideation is more severe follow the suicidal ideation protocol.

> Complete crisis protocol.

LiveWell Pilot Study:	Ad Hoc Coaching	Calls					
Study ID:	Study ID: Coach:			Date of session:			
2. SEVERE SYMPTON	IS (Crisis elevated	PHQ8 or ASRM Scor	re)				
<u>Definition</u> : Participan	t with new onset o	of PHQ8 ≥ 10 or new	onset of ASRN	1 ≥ 6.			
Get prepared with da	ta since last call						
Medications:	Sleep:	Routine:	Wellness	Ratings:	Use of	f App (check ins):	
Daily Review feedba	ack category:	LiveWell Clinical	Status:	We PHQ	1	vey Scores ASRM	
				1.100		7.61.111	
Your most recent we	ekly depression/r	nania rating scale w	as high. Does	that seem	right?		
Remember that it is a unable to maintain do call your psychiatrist	aily routines. This i	includes thoughts of	hurting yourse	•	•	•	
I'd like to ask a few o	juestions to make	sure you are safe ri	ght now. Is th	at okay?			
						<u> </u>	
						<u> </u>	

Complete suicidality protocol.

If suicidal ideation is low or mild then complete the crisis protocol. If suicidal ideation is more severe follow the suicidal ideation protocol.

Complete crisis protocol.

		 Coach:		Date of s	session:		
3. CLINICAL	STATUS DISCRI	EPANCY					
<u> </u>	·	•	_	•			ating and crisis and sent, low or mild.
PHQ8 ≥ 10	LiveWell Clin	ical Status from	last 7 days of Da	nily Check Ins I	not unwell		
ASRM ≥ 6	SRM ≥ 6 LiveWell Clinical Status from last 7 days of Daily Check Ins not unwell						
PHQ8 < 10	PHQ8 < 10 LiveWell Clinical Status from last 7 days of Daily Check Ins unwell						
ASRM < 6	LiveWell Clin	ical Status from	last 7 days of Da	ily Check Ins	unwell		
Get prepare	d with data sin	ce last call	Routine:	Wellness	Ratings	llse	of App (check ins):
Wiedicatio	113.	этеер.	Nouthie.	vveiiiiess	ratings.	USC .	or App (eneck ma).
Daily Revi	ew feedback cat	egory:	LiveWell Clinical Status:		Weekly Sur PHQ8		rvey Scores ASRM
I'm calling to	touch base. It				nd weekly ra	atings	of your health and
the anchors	. What do you manic/ok] and	think is going o	nconsistent, we n that your week ck ins say you ar	ly survey said	you may b	_	ges in
Would chan	ging anchors ir	n your Wellness	Rating Scale ma	ke the applica	tion easier	to use	e?

Ok, so we will talk again at our next scheduled appointment. I appreciate your taking such an active part in our conversation today. Remember, if any difficulties arise in the future I am always happy to help out.

LiveWell Pilot Study	: Ad Hoc Coaching	Calls				
Study ID: Coach:			Date of session:			
4. LOW DAILY CHEC	K-IN ADHERENCE					
<u>Definition</u> : Participa	nt missed daily che	ck in ≥ 3 times over	the last 7 days.			
Get prepared with o	lata since last call					
Medications:	Sleep:	Routine:	Wellness Ratings:		Use of App (check ins):	
Daily Review feedback category:		LiveWell Clinical	iveWell Clinical Status:		Weekly Survey Scores PHQ8 ASRM	
Hi [name]. This is [co I'm calling to touch like to understand w	base. It seems like y	ou have not been c		•	e LiveW	<i>'ell</i> application. I'
Any problems, ques		·		: Okay:		
What might you or	we do to get past t	nese barriers so you	ı can benefit m	nost from <i>Li</i>	iveWell	/ ?

Ok, so we will talk again at our next scheduled appointment. I appreciate your taking such an active part in our conversation today. Remember, if any difficulties arise in the future I am always happy to help out.