mind & body

JOURNAL

A WHOLE NEW CHAPTER IN YOUR LIFE
Your name

Doctor’s name

Phone number

Members of your treatment team

Who to call in case of an emergency

Phone number

All medicines you are taking
Getting your mind and body well starts with you.

You have schizophrenia. But you also have the power to help manage your symptoms and get more control of your life. Taking your medicine every day as prescribed by your doctor is important. So is keeping track of how your mind and body are responding to the medicine.

This Mind & Body Journal will help you do just that. Use it to:

- Write down your treatment goals
- Record your feelings, thoughts, and symptoms for one month
- Keep track of how your body is feeling
- Note when you take your medicines every day

By keeping track of these things for the first month of treatment, you and your doctor will be able to see how your medicine is working. You can also see what progress you are making toward reaching your treatment goals.

“Nothing is predestined: The obstacles of your past can become the gateways that lead to new beginnings.”

—Ralph Blum
You have a whole treatment team to support you.

You do not have to face having schizophrenia alone. Your doctor and treatment team are there to help you set treatment goals. Treatment goals are the things you want to do to improve your life. Your treatment team will work with you every step of the way to help you reach your goals. You can also use this journal to help keep track of your progress for the next month.

"It does not matter how slowly you go so long as you do not stop."

—Confucius
MY TREATMENT GOALS
DAY 1 | DATE:  ☑️ I have taken my medicine today.

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)

☑️ 1 Great  ☑️ 2 Very Good  ☑️ 3 Good  ☑️ 4 Not Good  ☑️ 5 Poor
DAY 2 | DATE:

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)

☐ 1 Great     ☐ 2 Very Good     ☐ 3 Good     ☐ 4 Not Good     ☐ 5 Poor

I have taken my medicine today.
DAY 3 | DATE:  
I have taken my medicine today.

What is on my mind


How my body feels


What I did today to reach my treatment goals


Today I felt… (Check one)

☐ 1 Great  ☐ 2 Very Good  ☐ 3 Good  ☐ 4 Not Good  ☐ 5 Poor
DAY 4  |  DATE:

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)
○ 1 Great  ○ 2 Very Good  ○ 3 Good  ○ 4 Not Good  ○ 5 Poor

I have taken my medicine today.
DAY 5 | DATE:

What is on my mind

I have taken my medicine today.

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)

1 Great   2 Very Good   3 Good   4 Not Good   5 Poor
DAY 6 | DATE:

What is on my mind


How my body feels


What I did today to reach my treatment goals


Today I felt… (Check one)

☐ 1 Great  ☐ 2 Very Good  ☐ 3 Good  ☐ 4 Not Good  ☐ 5 Poor
DAY 7 | DATE:  

☐ I have taken my medicine today.

What is on my mind

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How my body feels

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________________________________________________________________________
________________________________________________________________________

What I did today to reach my treatment goals

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Today I felt… (Check one)

☐ 1 Great     ☐ 2 Very Good     ☐ 3 Good     ☐ 4 Not Good     ☐ 5 Poor
“We are still masters of our fate. We are still captains of our souls.”

—Winston Churchill
DAY 8 | DATE:

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)

☐ 1 Great      ☐ 2 Very Good      ☐ 3 Good      ☐ 4 Not Good      ☐ 5 Poor

I have taken my medicine today.
DAY 9 | DATE:

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)

☐ 1 Great    ☐ 2 Very Good    ☐ 3 Good    ☐ 4 Not Good    ☐ 5 Poor

I have taken my medicine today.
DAY 10 | DATE:  

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)

☐ 1 Great    ☐ 2 Very Good    ☐ 3 Good    ☐ 4 Not Good    ☐ 5 Poor

I have taken my medicine today.
DAY 11 | DATE:  

What is on my mind

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How my body feels

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What I did today to reach my treatment goals

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________________________________________________________________________

Today I felt… (Check one)

☐ 1 Great       ☐ 2 Very Good       ☐ 3 Good       ☐ 4 Not Good       ☐ 5 Poor
What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)

☐ 1 Great  ☐ 2 Very Good  ☐ 3 Good  ☐ 4 Not Good  ☐ 5 Poor
DAY 13 | DATE:

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)

☐ 1 Great    ☐ 2 Very Good    ☐ 3 Good    ☐ 4 Not Good    ☐ 5 Poor
DAY 14 | DATE: ☒ I have taken my medicine today.

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)
☒ 1 Great       ☒ 2 Very Good       ☒ 3 Good       ☒ 4 Not Good       ☒ 5 Poor
“Our greatest glory is not in never falling but in rising every time we fall.”

—Confucius
DAY 15 | DATE: 

What is on my mind


How my body feels


What I did today to reach my treatment goals


Today I felt… (Check one)

☐ 1 Great    ☐ 2 Very Good    ☐ 3 Good    ☐ 4 Not Good    ☐ 5 Poor
DAY 16 | DATE:  

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt... (Check one)

☐ 1 Great     ☐ 2 Very Good     ☐ 3 Good     ☐ 4 Not Good     ☐ 5 Poor
Day 17 | Date:

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt... (Check one)

☐ 1 Great    ☐ 2 Very Good    ☐ 3 Good    ☐ 4 Not Good    ☐ 5 Poor

I have taken my medicine today.
DAY 18 | DATE:  

I have taken my medicine today.

What is on my mind


How my body feels


What I did today to reach my treatment goals


Today I felt… (Check one)

- 1 Great  - 2 Very Good  - 3 Good  - 4 Not Good  - 5 Poor
DAY 19 | DATE: 

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one) 

☐ 1 Great ☐ 2 Very Good ☐ 3 Good ☐ 4 Not Good ☐ 5 Poor
DAY 20 | DATE:  

I have taken my medicine today.

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)  
1 Great  2 Very Good  3 Good  4 Not Good  5 Poor
What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)

☐ 1 Great    ☐ 2 Very Good    ☐ 3 Good    ☐ 4 Not Good    ☐ 5 Poor

I have taken my medicine today.
“To climb steep hills requires slow pace at first.”

—Shakespeare
DAY 22 | DATE: 

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one) 

☐ 1 Great    ☐ 2 Very Good    ☐ 3 Good    ☐ 4 Not Good    ☐ 5 Poor
DAY 23 | DATE:

What is on my mind

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How my body feels

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What I did today to reach my treatment goals

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Today I felt… (Check one)

☐ 1 Great       ☐ 2 Very Good       ☐ 3 Good       ☐ 4 Not Good       ☐ 5 Poor
DAY 24 | DATE:  

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)  
☐ 1 Great  ☐ 2 Very Good  ☐ 3 Good  ☐ 4 Not Good  ☐ 5 Poor

☐ I have taken my medicine today.
DAY 25 | DATE:  

I have taken my medicine today.

What is on my mind


How my body feels


What I did today to reach my treatment goals


Today I felt... (Check one)

1 Great  2 Very Good  3 Good  4 Not Good  5 Poor
Today I felt… (Check one)

☐ 1 Great      ☐ 2 Very Good      ☐ 3 Good      ☐ 4 Not Good      ☐ 5 Poor
DAY 27 | DATE:

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt... (Check one)

☐ 1 Great    ☐ 2 Very Good    ☐ 3 Good    ☐ 4 Not Good    ☐ 5 Poor
What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)

- 1 Great
- 2 Very Good
- 3 Good
- 4 Not Good
- 5 Poor
“Knowledge of what is possible is the beginning of happiness.”

—George Santayana
What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt… (Check one)

- 1 Great
- 2 Very Good
- 3 Good
- 4 Not Good
- 5 Poor

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What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt … (Check one)

1 Great  2 Very Good  3 Good  4 Not Good  5 Poor

I have taken my medicine today.
What is on my mind


How my body feels


What I did today to reach my treatment goals


Today I felt … (Check one)

1 Great    2 Very Good    3 Good    4 Not Good    5 Poor
**EMERGENCY CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>(Print your name here)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In the event of an emergency, please contact:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Friend/Family member</strong></td>
<td></td>
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<tr>
<td><strong>Phone number</strong></td>
<td></td>
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<tr>
<td><strong>Doctor’s name</strong></td>
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<tr>
<td><strong>Phone number</strong></td>
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</tr>
<tr>
<td><strong>The medicines I am taking are listed on the back.</strong></td>
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</tr>
</tbody>
</table>
MEDICINES I AM CURRENTLY TAKING