



# How I Will Know Medicine is Helping Me: Antidepressant Meds

The medicine I have been prescribed:

If this medicine works for me, I may  
experience some effects within:

To experience the full effect , it may take:

\_\_\_\_\_ (hours/days/weeks)

\_\_\_\_\_ (days/weeks/months)

In order to be helpful, I need to take my antidepressant medication:

☐ Every day      ☐ Whenever I need it (PRN)      ☐ Other: \_\_\_\_\_

**How will you know if this medication is working for you?** Place a check in the box next to the medication effects that are most important to you. Or, write how you hope the medicine helps.

☐ Improved appetite



☐ Getting along better with others



☐ Improved sleep



☐ Feeling better about myself



☐ Feel less sad



☐ My words: \_\_\_\_\_

☐ Increased energy



☐ My words: \_\_\_\_\_

☐ Easier to make decisions



☐ My words: \_\_\_\_\_

**What other things can help?** Medication may help you feel better. There are also things you can do to help yourself feel better. Often the pathway into recovery means finding the right balance between our psychiatric medicine (*what we take*) and our Personal Medicine (*the things we do to feel better and how they help*).

*Example: My Personal Medicine is walking my dog in the morning because it helps get my day started on a positive note.*

Exercise is an antidepressant for me.

**My Personal Medicine for depression is:**

**Keeping track.** Keep track of how you are doing over the next two weeks. Indicate if you took your pill medicine, if you used your Personal Medicine, and whether the meds were helpful. Share your calendar with your psychiatric care provider at your next appointment.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Took my pill medicine?	<input type="checkbox"/> Took my pill medicine?	<input type="checkbox"/> Took my pill medicine?	<input type="checkbox"/> Took my pill medicine?	<input type="checkbox"/> Took my pill medicine?	<input type="checkbox"/> Took my pill medicine?	<input type="checkbox"/> Took my pill medicine?
<input type="checkbox"/> Used my Personal Medicine?	<input type="checkbox"/> Used my Personal Medicine?	<input type="checkbox"/> Used my Personal Medicine?	<input type="checkbox"/> Used my Personal Medicine?	<input type="checkbox"/> Used my Personal Medicine?	<input type="checkbox"/> Used my Personal Medicine?	<input type="checkbox"/> Used my Personal Medicine?
<b>Meds helpful?</b> Yes - No - Somewhat	<b>Meds helpful?</b> Yes - No - Somewhat	<b>Meds helpful?</b> Yes - No - Somewhat	<b>Meds helpful?</b> Yes - No - Somewhat	<b>Meds helpful?</b> Yes - No - Somewhat	<b>Meds helpful?</b> Yes - No - Somewhat	<b>Meds helpful?</b> Yes - No - Somewhat
<input type="checkbox"/> Took my pill medicine?	<input type="checkbox"/> Took my pill medicine?	<input type="checkbox"/> Took my pill medicine?	<input type="checkbox"/> Took my pill medicine?	<input type="checkbox"/> Took my pill medicine?	<input type="checkbox"/> Took my pill medicine?	<input type="checkbox"/> Took my pill medicine?
<input type="checkbox"/> Used my Personal Medicine?	<input type="checkbox"/> Used my Personal Medicine?	<input type="checkbox"/> Used my Personal Medicine?	<input type="checkbox"/> Used my Personal Medicine?	<input type="checkbox"/> Used my Personal Medicine?	<input type="checkbox"/> Used my Personal Medicine?	<input type="checkbox"/> Used my Personal Medicine?
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