HEALTHY CHOICES WORKSHEET

Name: 
Date: 

Things I do well are:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

I came to my doctor for help with:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

The medicine that we decided to try for me is called:
__________________________________________________________________
__________________________________________________________________

It may also help with (circle the ones that are true):

- Sadness
- Easily getting mad or upset
- Worries
- Attention
- Moving around too much
- Nightmares
- Hearing/seeing things others don’t
- Sleep problems
- Getting along with my parents
- Thinking before I do things

Like all medications, mine might cause side effects. These could include:

- Harmful thoughts
- Worrying more
- Tiredness, sleepiness
- Muscle stiffness
- Headaches
- Upset stomach
- Getting fatter
- Getting skinnier
- Getting more hungry
- Not hungry enough
- Can’t fall or stay asleep

People I can trust to help me are:
1. __________________________ Contact:______________________________
2.__________________________ Contact:______________________________

Other things I can do to help me feel/do better are:
__________________________________________________________________
__________________________________________________________________