

# **PERSONAL RECOVERY & MAINTENANCE PLAN**

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**PERSONAL RECOVERY & MAINTENANCE PLAN**  
**PERSONAL BASELINE- WHEN I AM WELL...**

<i><b>My opinion on what I am like when I am feeling well</b></i>	<i><b>Relative/friend's opinion on what I am like when I am well</b></i>

**PERSONAL RECOVERY & MAINTENANCE PLAN**  
**EVERY DAY THINGS THAT KEEP ME WELL**

<i><b>What keeps me well?</b></i>	<i><b>How often do I need to do this?</b></i>	<i><b>How often do I actually do this?</b></i>

**PERSONAL RECOVERY & MAINTENANCE PLAN**  
**WHAT TRIGGERS MY SYMPTOMS?**

<i><b>What triggers my symptoms?</b></i>	<i><b>How can I deal with this?</b></i>	<i><b>Did this help?</b></i>

## PERSONAL RECOVERY & MAINTENANCE PLAN

### POSSIBLE RELAPSE EARLY WARNING SIGNS

<b>Symptom</b>	<b><i>Description of how symptom affects me</i></b>	<b>Severity</b>	<b>Control</b>
<b>VOICES</b>			
<b>VISUAL</b>			
<b>MOOD</b>			
<b>SOCIAL</b>			
<b>PERSONAL</b>			
<b>THOUGHTS</b>			
<b>EMOTIONAL</b>			
<b>PHYSICAL</b>			
<b>OTHER</b>			

## PERSONAL RECOVERY & MAINTENANCE PLAN RELAPSE EARLY WARNING SIGNS CHECKLIST

	<b>Severity 1-10</b>	<b>Control 1-10</b>	<b>Can manage myself</b>	<b>Need help from....</b>	<b>Extra help required</b>
<b>Voices</b>					
<b>Mood</b>					
<b>Visual</b>					
<b>Social</b>					
<b>Personal</b>					
<b>Thoughts</b>					
<b>Emotional</b>					
<b>Physical</b>					

## PERSONAL RECOVERY & MAINTENANCE PLAN MOOD MAPPING SHEET

<b><i>TIME</i></b>	<b><i>MOOD 1-10 (10-really good) and brief description</i></b>
<b>6am-8am</b>	
<b>8am-10am</b>	
<b>10am-12pm</b>	
<b>12pm-2pm</b>	
<b>2pm-4pm</b>	
<b>4pm-6pm</b>	
<b>6pm-8pm</b>	
<b>8pm-10pm</b>	
<b>10pm-12am</b>	
<b>12am-2am</b>	
<b>2am-4am</b>	
<b>4am-6am</b>	



## PERSONAL RECOVERY & MAINTENANCE PLAN DAILY FOOD/SLEEP/ACTIVITY RECORD SHEET

	<i>Hours of sleep/ waking</i>	<i>Food consumed</i>	<i>Activity- how did you occupy yourself</i>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

## PERSONAL RECOVERY & MAINTENANCE PLAN THOUGHT CHALLENGING SHEET

<i><b>Disturbing thoughts....</b></i>	<i><b>Reasons for.....</b></i>	<i><b>Reasons against.....</b></i>	<i><b>Replacement thought.....</b></i>

## PERSONAL RECOVERY & MAINTENANCE PLAN

### WHAT/WHOM I NEED IF I BECOME UNWELL

<i>What I need if I become unwell</i>	<i>Who I need to help me with this</i>

## PERSONAL RECOVERY & MAINTENANCE PLAN CRISIS PLAN

<b>Name</b>	
<b>Address</b>	
<b>Tel- Home</b>	<b>Tel- mobile</b>
<b>GP's Name</b>	
<b>GP's Address</b>	
<b>GP's Tel</b>	
<b>Current medication</b>	
<b>Coping strategies to try first (eg go for a walk, pamper time etc)</b>	
<b>Who should be contacted if I have a crisis- (eg partner, parent, friend)</b>	
<b>Name</b>	
<b>Address</b>	
<b>Who should not be contacted</b>	
<b>Local Service / Support Tel</b>	
<b>Out of Hours Contact</b>	
<b>Any other relevant information</b>	

**PERSONAL RECOVERY & MAINTENANCE PLAN  
MOVING ON.....**

RECOVERY INDICATORS	WHAT CAN STOP NOW?

## PERSONAL RECOVERY & MAINTENANCE PLAN TIMETABLE FOR RESUMING RESPONSIBILITIES

RESPONSIBILITY TO BE RESUMED	TIMESCALE
<i>Eg. taking control of finances</i>	<i>Eg. 2 weeks</i>

## PERSONAL RECOVERY & MAINTENANCE PLAN REFLECTIONS...

WHAT HAVE I LEARNED FROM THIS CRISIS?

WHAT DO I NEED NOW?