

*TREATMENT FOR SCHIZOPHRENIA*

# *WORKSHEET PACK*

*DAILY CHECKLIST  
(WITH WARNING SIGNS & DAILY HEALTHY ACTIVITIES)*

*ACTIVITY SCHEDULING*

# The Daily Checklist

## Of Warning Signs & Daily Healthy Activities

*DIRECTIONS:* Rank each "Warning Sign" & "Daily Healthy Activity" daily according to the following scale

- 0 None
- 1 Mild/ A little
- 2 Moderate/ Some
- 3 Severe/ A lot

Name: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Warning Sign	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Daily Healthy Activity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

## Common Warning Signs

<input type="checkbox"/> Withdrawal / Isolation	<input type="checkbox"/> Suicidal thoughts
<input type="checkbox"/> Crying easily	<input type="checkbox"/> Hearing voices
<input type="checkbox"/> Lack of energy	<input type="checkbox"/> Delusions
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Violent thoughts
<input type="checkbox"/> Eating too little or too much	<input type="checkbox"/> Violent behaviors
<input type="checkbox"/> Sleeping too little or too much	<input type="checkbox"/> Self-destructive behaviors
<input type="checkbox"/> Losing interest in pleasurable activities	<input type="checkbox"/> Elevated mood
<input type="checkbox"/> Losing interest in sex	<input type="checkbox"/> Racing thoughts
<input type="checkbox"/> Agitation	<input type="checkbox"/> Grandiose feelings
<input type="checkbox"/> Irritability	<input type="checkbox"/> Excessive talking
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Obsessive thoughts
<input type="checkbox"/> Anger	<input type="checkbox"/> Compulsive behaviors
<input type="checkbox"/> Headaches	<input type="checkbox"/> Flight of ideas
<input type="checkbox"/> Muscle Tension	<input type="checkbox"/> Mood swings
<input type="checkbox"/> Nausea	<input type="checkbox"/> Spending too much money
<input type="checkbox"/> Increased use of drugs or alcohol	<input type="checkbox"/> Engaging in high risk behaviors
<input type="checkbox"/> Cravings for drugs or alcohol	<input type="checkbox"/> Laughing uncontrollably
<input type="checkbox"/> Confusion	<input type="checkbox"/> Not taking prescribed medication
<input type="checkbox"/> Poor concentration	<input type="checkbox"/> Feeling hopeless
<input type="checkbox"/> Poor attention	<input type="checkbox"/> Feeling unmotivated
<input type="checkbox"/> Suspiciousness	<input type="checkbox"/> Disorganized
<input type="checkbox"/> Paranoia	<input type="checkbox"/> Fears/ Feeling scared
<input type="checkbox"/> Dwelling on the Past	<input type="checkbox"/> Poor hygiene
<input type="checkbox"/> Interpersonal Conflict	<input type="checkbox"/> Poor grooming

Others:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Daily Healthy Activities

<ul style="list-style-type: none"><li><input type="checkbox"/> Eat 3 healthy meals per day</li><li><input type="checkbox"/> Maintain good hygiene</li><li><input type="checkbox"/> Maintain good grooming</li><li><input type="checkbox"/> Have fun</li><li><input type="checkbox"/> Read</li><li><input type="checkbox"/> Write in a journal</li><li><input type="checkbox"/> Do an artistic activity</li><li><input type="checkbox"/> Engage in a creative activity</li><li><input type="checkbox"/> Engage in a hobby</li><li><input type="checkbox"/> Play a game</li><li><input type="checkbox"/> Gardening</li><li><input type="checkbox"/> Exercise</li><li><input type="checkbox"/> Take a walk</li><li><input type="checkbox"/> Talk with a support person</li><li><input type="checkbox"/> Socialize with friends</li><li><input type="checkbox"/> Write a letter to someone</li><li><input type="checkbox"/> Make a gratitude list</li><li><input type="checkbox"/> Go to a store or other public place</li><li><input type="checkbox"/> Attend a group</li><li><input type="checkbox"/> Attend a 12 step meeting</li><li><input type="checkbox"/> Work the 12 steps</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Pray</li><li><input type="checkbox"/> Read spiritual book (Bible, Koran, etc.)</li><li><input type="checkbox"/> Participate in a religious activity</li><li><input type="checkbox"/> Be outside for 1 hour</li><li><input type="checkbox"/> Meditate</li><li><input type="checkbox"/> Practice deep breathing exercises</li><li><input type="checkbox"/> Practice muscle relaxation exercises</li><li><input type="checkbox"/> Yoga</li><li><input type="checkbox"/> Tai chi</li><li><input type="checkbox"/> Pilates</li><li><input type="checkbox"/> Take a warm bath</li><li><input type="checkbox"/> Plan your day ahead of time</li><li><input type="checkbox"/> Engage in a goal directed activity</li><li><input type="checkbox"/> Give yourself a treat or reward</li><li><input type="checkbox"/> Use positive affirmations</li><li><input type="checkbox"/> Listen to relaxing music</li><li><input type="checkbox"/> Do something for someone else</li><li><input type="checkbox"/> Cooking</li><li><input type="checkbox"/> Do household chores</li><li><input type="checkbox"/> Take medications as prescribed</li></ul>
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Others:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# The Daily Checklist

## Directions

1. As a precursor to engaging a client into the Daily Checklist, goals should be identified. The use of the Daily Checklist should then be linked to the client's goals, so that the client sees its usefulness. Thus the Daily Checklist becomes a step toward the client achieving self-determined goals.
2. Describe the specifics of the exercise – both identifying the trouble spots (warning signs) that can get in the way and the daily activities that promote a good healthy lifestyle, and move us toward goals.
3. Give the client the list of “Common Warning Signs.” Have the client check all that apply. You may offer additional explanations, such as check those that occur when you’re starting to have trouble.
4. Go back through the list and have the client circle the top 5-6 items that would be important to keep an eye on. You may wish to assist in identifying those items that you think would be important as well. The goal is to come up with the most significant 5-8 Warning Signs to come up with
5. Put this aside for a moment and engage in the same process with the “Daily Healthy Activities” list (identifying all those that apply, circling the most important to keep an eye on, coming up with a list of the most significant 6-8 Daily Healthy Activities to practice in the coming week). Here I often say things like “I don’t want you to sit home all day and monitor your warning signs, let’s see what activities you do want to be doing.” I also invite the client to initially identify both those items which they are currently doing and those which they would like to start doing. In the end, I like getting some of both on the final list. Those currently being done help to assure that some success will occur; those desired give some new behaviors to work towards.
6. Take both sheets and have the client write the circled items onto The Daily Checklist and explain how to monitor using the 0-3 ratings. Encouraged daily monitoring at the end of the day, using supports (e.g., family) to help as appropriate. To demonstrate, have the client rate the items for the previous day (not today, because you want the client to start doing this the same day they leave your office).
7. Explain that as the numbers go up in one section, they go down in the other. That is, the more you engage in healthy activities, the lower the warning signs will be. When warning signs go up, we are usually not doing so many healthy activities. Ultimately, this can be very empowering, as the client can feel some sense of efficacy. It’s easier to increase a Daily Healthy Activity than to decrease a Warning Sign. For example, it’s not likely to go home and “hear less voices” or “feel less depressed,” however it is more tangible and feasible to have a goal such as “take a walk” or “talk to a support person.”
8. Review in session each week, making modifications as appropriate.

# Activity Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00a-8:00a							
8:00a-9:00a							
9:00a-10:00a							
10:00a-11:00a							
11:00a-12:00p							
12:00p-1:00p							
1:00p-2:00p							
2:00p-3:00p							
3:00p-4:00p							
4:00p-5:00p							
5:00p-6:00p							
6:00p-7:00p							
7:00p-8:00p							
8:00p-9:00p							
9:00p-10:00p							
10:00p-11:00p							