



**JOURNAL**

## YOUR JOURNAL: HOW CAN IT HELP YOU?

By monitoring your mood along with other symptoms like sleep, you and your treatment team will be better able to follow the evolution of your symptoms and therefore adjust your treatment plan. For your psychiatrist, and for your caretaker, the journal is an excellent tool to evaluate your response to treatment.

This journal contains one year of chart taking and comprises 12 months where each day you can complete the different sections to establish your profile. All the information you can add is important whether it

is a symptom of your illness (e.g., sadness), a physical problem (e.g., headache) or a life event, either pleasant or unpleasant (e.g., loss of employment).

The aim of this journal is to help you better understand yourself and your bipolar illness in order to prevent relapses.

The important word is: **prevention**

Adapted from: Personal calendar, National Depressive and Manic Depressive Association, Chicago, Illinois.

## WHAT ARE BIPOLAR DISORDERS?

Bipolar disorders were formerly known as “manic depressive psychosis”. People suffering from these afflictions demonstrate mood changes (highs, known by the name of “hypomanic or manic phase” and lows, often called “depressive phase”) which manifest themselves in reaction to a trigger or without an apparent cause.

Most people feel “normal”, that is to say neither particularly happy nor sad. Their mood can vary according to what is happening in their lives but returns to “normal” within a few hours or days.

With people who suffer from a bipolar disorder, their mood changes can be extreme and accompanied by distress. This can considerably decrease their quality of life. Although you suffer from a bipolar disorder, you can have moods within a “normal” range, during which you are able to function normally. The risk of extreme mood changes is always present however, especially if you do not follow the appropriate treatment plan.

## WHAT ARE THE SYMPTOMS OF DEPRESSION?

1. Depressed mood most of the day, nearly every day, for at least two weeks, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: In children and adolescents, the mood can be irritable.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

## WHAT ARE THE SYMPTOMS OF MANIA OR HYPOMANIA?

A distinct period of abnormally and persistently elevated, expansive or irritable mood, lasting at least one week for mania (unless hospitalization is required) and four days for hypomania (less severe form). The associated symptoms are:

1. Inflated self-esteem or grandiosity.
2. Decreased need for sleep (e.g., feels rested after only few hours of sleep).
3. More talkative than usual or pressure to keep talking.
4. Flight of ideas or subjective experience that thoughts are racing.
5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli).
6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.
7. Excessive involvement in pleasurable activities that have a high potential of harmful consequences (e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments).

## WHAT IS A MIXED EPISODE?

During a mixed episode, patients present symptoms of major depression and mania or hypomania within a period of 24 hours. For it to be called a mixed episode, the situation must repeat itself almost every day for a minimum of one week.

## YOUR ACTION PLAN!

Your action plan represents the strategies that you will use in the event of a relapse. Your plan should be written down. It is preferable to complete this section while you are in a stable period. You can also ask your psychiatrist or caretaker to help you complete it.

### ACTION PLAN DURING DEPRESSION

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### ACTION PLAN DURING (HYPO)MANIA

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# IN CASE OF EMERGENCY

At some moments in life or during a time of illness, anyone can have suicidal thoughts. It is important, at that time, to call and speak with your treating team to go through this dangerous period.

We suggest that you make a list of people to contact in case of emergency. This list can be used when you have suicidal thoughts, but also to support you in the event of a relapse or when you are not feeling well.

*For more information on bipolar disorders, go to [www.douglas.qc.ca](http://www.douglas.qc.ca)*

PROGRAMME  
TROUBLES  
BIPOLAIRES



BIPOLAR  
DISORDERS  
PROGRAM

6875 LaSalle Blvd.  
Montréal, Québec H4H 1R3  
Telephone: 514 761-6131, ext. 3301  
Telecopier: 514 888-4067

## PEOPLE TO CONTACT IN CASE OF EMERGENCY

- **Emergency**  
514 761-6131, ext. 2221 (Douglas Mental Health University Institute)  
911 (Urgence santé)
- **Psychiatrist** \_\_\_\_\_  
514 761-6131, ext. 3301
- **Caretaker** \_\_\_\_\_  
514 761-6131, ext. \_\_\_\_\_
- **Family member** \_\_\_\_\_
- **Close friend** \_\_\_\_\_
- **Resources**  
514 723-4000 (Suicide-Action Montréal)  
514 738-4873 (Revivre)  
514 768-7225 (L'Autre Maison)  
514 737-3604 (Multi-écoute)
- **Others** \_\_\_\_\_  
\_\_\_\_\_



**JOURNAL**

# INSTRUCTIONS TO COMPLETE THE JOURNAL

## MEDICATION

Each medication with the corresponding dose must be entered in the journal. Indicate the number of pills in the designated space.

## NUMBER OF HOURS OF SLEEP

Estimate the number of hours of sleep you get every night.

## MENSTRUATIONS

Put an X in the square to indicate the days with menstruations.

## LIFE EVENTS

You can record significant events and their impact on you.

### SCALE



## MOOD

Put an X in the square which best describes your mood, every day.

## MANIA (EXAMPLES)

Severe	Others tell you to go to the hospital.
Moderate	Others comment frequently on your behavior. Your thoughts are racing, you need only a few hours sleep, and you talk almost constantly and inappropriately. You may be irritable and lose control quickly (money, sexuality).
Light moderate	You need little sleep. You are agitated, at times irritable. You have a lot of energy and many activities.
Light	You sleep a few hours less than usual. You feel more energetic and function better than usual.

## DEPRESSION (EXAMPLES)

Light	You start to sleep a lot, fall behind at work. Things start looking more negative.
Light moderate	You wake earlier every morning. You isolate yourself. Work takes a lot of effort.
Moderate	You feel very slowed down. You have little appetite; you sleep very little or too much. You have no energy. You may have suicidal thoughts.
Severe	You can no longer function and must be hospitalized.



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	Dangerous behavior? (Y/N)																																
CONSUMPTION	Alcohol? (Y/N)																																
	Drugs? (Y/N)																																
	Medication abuse? (Y/N)																																
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LIFE EVENTS	Pleasant or disturbing																										Impact (-4 to +4)						
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MOOD	(HYPO)MANIA	Severe																																				
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		Light-moderate																																				
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	STABLE																																					
	DEPRESSION	Light																																				
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		Moderate																																				
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ANXIETY	Stable																																
	Light																																
	Moderate																																
	Severe																																
BEHAVIOR	Irritability? (Y/N)																																
	Suicidal ideas? (Y/N)																																
	Hallucinations? (Y/N)																																
	Bizarre ideas? (Y/N)																																
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CONSUMPTION	Alcohol? (Y/N)																																
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PROGRAMME  
TROUBLES  
BIPOLAIRES



BIPOLAR  
DISORDERS  
PROGRAM



6875, boul. LaSalle, Montréal (Québec) H4H 1R3



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