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:

_____
_____