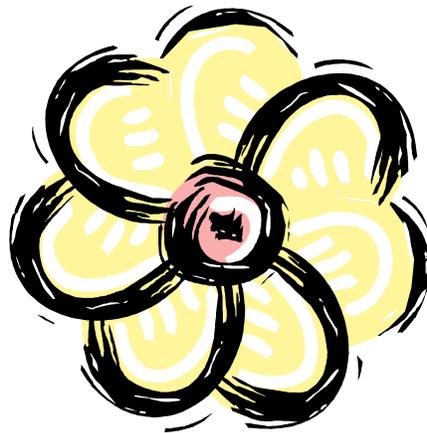


Health Promotion Workbook: Follow-up Intervention



Today's Date ____ / ____ / ____

PART 1:

SEEKING TREATMENT

Did you attend a treatment session since we last spoke?

- a. 0 treatment sessions
- b. 1
- c. 2
- d. 3
- e. 4 or more treatment sessions

What are some of your reasons for not attending your last treatment session?

What are your feelings on attending the next treatment session?

How do you feel now?

- a. An improvement from our last session.
- b. The same as our last session.
- c. worse rate compared to our last session

PART 3: CONSEQUENCES OF DEPRESSION

Let's review again some of your own experiences with depression.

What are some negative effects that you personally have experienced through your depression?

<input type="checkbox"/> Difficulty coping with stressful situations	<input type="checkbox"/> Sleep problems	<input type="checkbox"/> Accidents/falls
<input type="checkbox"/> Substance Use	<input type="checkbox"/> Memory problems or confusion	<input type="checkbox"/> Relationship problems
<input type="checkbox"/> Loss of independence	<input type="checkbox"/> Malnutrition	<input type="checkbox"/> Increased risk of assault
<input type="checkbox"/> Problems in community activities	<input type="checkbox"/> Reduced effectiveness of medications	<input type="checkbox"/> Financial problems
<input type="checkbox"/> Health Problems	<input type="checkbox"/> Increased side effects from medication	<input type="checkbox"/> Stomach pain
<input type="checkbox"/> Sexual performance problems	<input type="checkbox"/> Social Problems	<input type="checkbox"/> Other (Please List)
<input type="checkbox"/> Legal		<input type="checkbox"/> _____
		<input type="checkbox"/> _____
		<input type="checkbox"/> _____

What are the top three negative effects of depression?

1. _____
2. _____
3. _____

PART 4: BENEFITS OF Reducing and Controlling Depression

What are some positive effects of controlling your depression?

<input type="checkbox"/> Happiness	<input type="checkbox"/> Relaxation	<input type="checkbox"/> More Comfortable
<input type="checkbox"/> Easy to deal with Problems	<input type="checkbox"/> Increased confidence	<input type="checkbox"/> Take better care of self
<input type="checkbox"/> Increase Productivity	<input type="checkbox"/> Lowered stress	<input type="checkbox"/> Physically feel better
<input type="checkbox"/> Enjoy life more	<input type="checkbox"/> Ease in speaking one's mind	<input type="checkbox"/> Mentally feel better
<input type="checkbox"/> Social ease	<input type="checkbox"/> Better Problem Solving	<input type="checkbox"/> Sleep Better
<input type="checkbox"/> Safer	<input type="checkbox"/> Exercise and Eat better	<input type="checkbox"/> Avoid Legal Problems
<input type="checkbox"/> Feel in Control	<input type="checkbox"/> Enhanced Sexual Performance	<input type="checkbox"/> Easy to deal with People
<input type="checkbox"/> Better Memory of Events	<input type="checkbox"/> More Energy	<input type="checkbox"/> Other (Please List)
		<input type="checkbox"/> _____
		<input type="checkbox"/> _____

What are the top three positive effects of controlling your depression?

1. _____
2. _____
3. _____

PART 5: REASONS FOR GETTING TREATMENT

Considering your current mental health; it is extremely important to take advantage of your upcoming treatment session.

So, now let's talk about some of your own reasons to attend treatment for depression.

Can you indicate some reasons that you personally **have for Attending Treatment?**

<input type="checkbox"/> Religious Reasons	<input type="checkbox"/> Remain Independent	<input type="checkbox"/> Wanting to Be Happier.
<input type="checkbox"/> Job Performance Enhanced	<input type="checkbox"/> Remain Healthy/Mobile	<input type="checkbox"/> Want to learn how to positively change health.
<input type="checkbox"/> Avoid Legal Issues	<input type="checkbox"/> Family Support	<input type="checkbox"/> Other (Please List)
<input type="checkbox"/> Gain Social Confidence	<input type="checkbox"/> Promoting a Healthy Lifestyle	<input type="checkbox"/> _____
<input type="checkbox"/> Gain Self Confidence	<input type="checkbox"/> Respect	<input type="checkbox"/> _____

What are the top three reasons to attend treatment?

1. _____
2. _____
3. _____

Can you indicate some reasons that might make it difficult for you to **Attend Treatment?**

<input type="checkbox"/> Don't Need Treatment	<input type="checkbox"/> Don't know how to Change Behaviors	<input type="checkbox"/> Waiting time in Clinic is too long
<input type="checkbox"/> No need to Change Behaviors	<input type="checkbox"/> Lack of Trust for the Treatment Facility	<input type="checkbox"/> Appointment is at an inconvenient time
<input type="checkbox"/> Not Ready to Change Behaviors	<input type="checkbox"/> Past Treatment was Unsuccessful	<input type="checkbox"/> Have more important physical problems to deal with
<input type="checkbox"/> Don't believe you can Change your Depression	<input type="checkbox"/> Appointment too far away	<input type="checkbox"/> Have more important emotional problems to deal with
<input type="checkbox"/> Transportation Problems	<input type="checkbox"/> Can't Afford Treatment	<input type="checkbox"/> Don't have appropriate health insurance
<input type="checkbox"/> There is no consistent address or phone number where a doctor can reach you.	<input type="checkbox"/> I have caregiving responsibilities	<input type="checkbox"/> Other (Please List)
<input type="checkbox"/> I don't have anyone to support my decision for treatment.	<input type="checkbox"/> I don't have anyone to understand my problems.	<input type="checkbox"/> _____
<input type="checkbox"/> I don't want my family/friends or anyone else to think I have a problem.	<input type="checkbox"/> I am the only person with an income in the house so work is more important	<input type="checkbox"/> _____

What are the top three reasons not to attend treatment?

1. _____
2. _____
3. _____

Let's at least focus on these three and Try to Problem Solve to overcome these difficulties so you can attend your next treatment session.

PART 6:
TREATMENT AGREEMENT

The purpose of this step is to ensure that you attend your next treatment session we have scheduled for. We have made this easier by already making another appointment for you.

When fulfilling this agreement, keep in mind:

- The negative consequences of depression.
- The benefits of controlling your depression.
- And the reasons you should attend treatment.

TREATMENT AGREEMENT

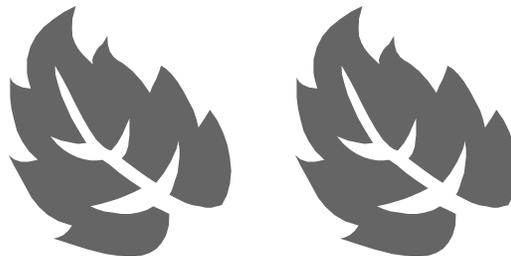
Date _____

--I plan to attend my next treatment session on the following day: _____date:_____

-----at the following time_____and the following location_____.

Patient signature ____ (verbal agreement from _____)_____

Clinician signature _____



PART 7:
VISIT SUMMARY

We've covered a great deal of information today. Changing your behavior to live a healthier life can be a difficult challenge. Therefore, utilizing more support and assistance from a health professional will help you live a more healthy and satisfying life. The following pointers may help you stick with your agreement, especially during the first few weeks when it is most difficult. Remember that you are trying to control your depression, and that it can be hard work without some help. It becomes easier with time and some professional/caring advice.

- ❑ Read this workbook frequently.
- ❑ Remember the negative effects of depression that you mentioned.
- ❑ Remember the benefits of controlling your depression that you mentioned.
- ❑ Remember the reasons for attending treatment that you mentioned.
- ❑ Some people have hard days where they may give up hope for improvement. If that happens to you, DON'T GIVE UP. Just start again the next day and remember that there is professional assistance available to you.
- ❑ You should always feel welcome to call your primary care provider for assistance or in case of an emergency.

THANKS FOR TRYING THIS PROGRAM.

**Please keep your workbook handy so you can
review them at the next telephone visit .**

