

mind & body
JOURNAL

A WHOLE NEW CHAPTER IN YOUR RECOVERY

Your name

Doctor's name

Phone number

Members of your treatment team

Who to call in case of an emergency

Phone number

All medicines you are taking

DAY 1 | DATE:

I have taken my medicine today

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt... (Check one)

- 1 Great 2 Very Good 3 Good 4 Not Good 5 Poor

DAY 2 | DATE:

I have taken my medicine today

What is on my mind

How my body feels

What I did today to reach my treatment goals

Today I felt... (Check one)

- 1 Great 2 Very Good 3 Good 4 Not Good 5 Poor