

Productivity Protocol

Date created _____ Dates updated _____

Name _____

Physician of Record (Name & Phone #) _____

Date shared with Physician _____

Next of Kin _____

Date shared with next of kin _____

Objective: Identify personal resources

1. List three activities that you enjoy doing for fun or to relax (not work-related):

A. _____

B. _____

C. _____

2. Identify three people who care about you:

Name	Phone Number

3. Name three things you are good at doing:

A. _____

B. _____

C. _____

Productivity Protocol

Objective: Identify warning signs of stress

When I'm feeling overly stressed I tend to:

- | | |
|--|---|
| <input type="checkbox"/> Become easily annoyed or irritable | <input type="checkbox"/> Unexplained heart racing |
| <input type="checkbox"/> Have arguments or fights | <input type="checkbox"/> Unexplained pain |
| <input type="checkbox"/> Feel lonely | <input type="checkbox"/> Unexplained stomach trouble |
| <input type="checkbox"/> Feel intensely angry | <input type="checkbox"/> Feel exhausted |
| <input type="checkbox"/> Feel desperate or out of control | <input type="checkbox"/> Have trouble falling or staying asleep, or sleeping too much |
| <input type="checkbox"/> Feel hopeless | <input type="checkbox"/> Making more mistakes than usual |
| <input type="checkbox"/> Drink alcohol (or increase consumption) | <input type="checkbox"/> Increased forgetfulness |
| <input type="checkbox"/> Use tobacco products (or increase use) | <input type="checkbox"/> Don't enjoy doing things you used to |
| <input type="checkbox"/> Use non-prescribed drugs or medications | <input type="checkbox"/> Harming yourself intentionally |
| <input type="checkbox"/> Avoid talking on the phone | <input type="checkbox"/> People often ask if something's wrong or if I'm ok |
| <input type="checkbox"/> Avoid communicating with others | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Avoid going places | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Eat too much or too little | |

Objective: Identify methods to maintain personal productivity

If you experience any of the symptoms you identified for 2 weeks or more, then do the following steps:

Step 1. Tell your next of kin or other trusted person that you've been having these symptoms.

Create a plan to "check-in" with that person daily to reflect on whether the symptoms are better, same, or worse.

Step 2. Do one of the enjoyable activities you listed above.

Step 3. Talk to a trained professional (doctor, pastor, counselor, etc.) and share your symptoms.

Create an action plan with that person to help manage those symptoms.

Step 4. List one thing that's worth living for: _____

Step 5. If you're in IMMEDIATE and/or INTENSE distress call:

Call: 1-800-273-TALK (8255) 1-800-799-4TTY (4889) TTY

Text: "HOME" to 741741

Call: 911