

### EXERCISE 3.1 Your Common Symptoms of Depression

As you read through the list of common symptoms of depression, circle the ones that you have experienced in the past.

Mild form of symptom	Moderate form of symptom	Severe symptom of depression
Blue, down, or neutral mood	<i>Cry more easily</i>	<b>Severe sadness</b>
Not in the mood to socialize	<i>Less involved with others</i>	<b>Lack of interest in usual activities</b>
Usual activities are not as much fun as expected	<i>Have fun until activity is over</i>	<b>Decreased pleasure</b>
Blame self more readily when things go wrong; see own faults	<i>Self-critical</i>	<b>Excessive and inappropriate guilt</b>
Not as hungry as usual; can skip meals occasionally and not feel hungry	<i>Eating brings less pleasure</i>	<b>Decreased appetite</b>
Clothes fit slightly looser, no big weight loss (e.g., 1–3 pounds)	<i>Noticeable weight loss</i>	<b>Significant weight loss</b>
Sleep seems less restful; ruminating at bedtime; falling asleep takes a little longer	<i>Takes much longer to fall asleep; wake up briefly during the night</i>	<b>Insomnia—cannot fall asleep easily, wake up during the night and stay awake</b>
Lose interest in tasks such as reading; get frustrated with tasks that are lengthy	<i>Must reread text; thoughts cannot be focused well</i>	<b>Impaired concentration</b>
Feel as if you are moving slowly; not mentally sharp	<i>Slowness in movement is noticeable to others; long pauses before answering questions</i>	<b>Psychomotor retardation</b>
Wish pain would go away; thoughts of running away; pessimistic	<i>Thoughts that life may not be worth living; hopeless; can't imagine feeling better</i>	<b>Suicidal ideas or attempts; not caring if you died</b>
Self-doubt; some self-criticism	<i>Low self-esteem, dislike appearance, feel like a loser</i>	<b>Feelings of worthlessness</b>

## EXERCISE 3.2 Your Common Symptoms of Mania

As you read through the list of common symptoms of mania, circle the ones that you have experienced.

Mild form of symptom	Moderate form of symptom	Severe symptom of mania
Everything seems like a hassle; impatience or anxiety	<i>More easily angered</i>	<b>Irritability</b>
Happier than usual, positive outlook	<i>Increased laughter and joking</i>	<b>Euphoric mood; on top of the world</b>
More talkative, better sense of humor	<i>In the mood to socialize and talk with others</i>	<b>Pressured or rapid speech</b>
More thoughts; mentally sharp, quick; lose focus	<i>Disorganized thinking, poor concentration</i>	<b>Racing thoughts</b>
More self-confident than usual, less pessimistic	<i>Feeling smart, not afraid to try, overly optimistic</i>	<b>Grandiosity—delusions of grandeur</b>
Creative ideas, new interests; change sounds good.	<i>Plan to make changes; disorganized in actions, drinking or smoking more</i>	<b>Disorganized activity; starting more things than finishing</b>
Fidgety; nervous behaviors like nail biting	<i>Restless, preferring movement over sedentary activities</i>	<b>Psychomotor agitation; cannot sit still</b>
Not as effective at work, having trouble keeping mind on tasks	<i>Not completing tasks, late for work, annoying others</i>	<b>Cannot complete usual work or home activities</b>
Uncomfortable with other people	<i>Suspicious</i>	<b>Paranoia</b>
More sexually interested	<i>Sexual dreams, seeking out or noticing sexual stimulation</i>	<b>Increased sex drive, seek out sexual activity, more promiscuous</b>
Notice sounds and annoying people, lose train of thought	<i>Noises seem louder, colors seem brighter, mind wanders easily; need quieter environment to focus thoughts</i>	<b>Distractibility—have to work hard to focus thoughts or cannot focus thoughts at all</b>

**EXERCISE 3.3 Mood Symptoms Worksheet**

<b>Category</b>	<b>When manic or hypomanic</b>	<b>When depressed or down</b>	<b>When feeling OK, or like my usual self</b>
Mood			
Attitude toward self			
Self-confidence			
Usual activities			
Social activity			
Sleep habits			
Appetite/eating habits			
Concentration			
Speed of thought			
Creativity			
Interest in having fun			

*(cont.)*

**EXERCISE 3.3 (cont.)**

<b>Category</b>	<b>When manic or hypomanic</b>	<b>When depressed or down</b>	<b>When feeling OK, or like my usual self</b>
Restlessness			
Sense of humor			
Energy level			
How noise affects you			
Outlook on the future			
Speech patterns			
Decision-making ability			
Concern for others			
Thoughts about death			
Ability to function			
Other areas:			

## EXERCISE 4.4 Mood Graph

Use this worksheet to track your mood each day.

Week of:	Plan	Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>Manic</b> <b>+5</b> Not sleeping, psychotic	<i>Go to the hospital</i>	●	●	●	●	●	●	●
<b>+4</b> Manic, poor judgment		●	●	●	●	●	●	●
<b>+3</b> Hypomanic	<i>Call the doctor</i>	●	●	●	●	●	●	●
<b>+2</b> Energized	<i>Take action</i>	●	●	●	●	●	●	●
<b>+1</b> Hyper, happy	<i>Watch closely</i>	●	●	●	●	●	●	●
<b>0</b> Normal		●	●	●	●	●	●	●
<b>-1</b> Low, down	<i>Watch closely</i>	●	●	●	●	●	●	●
<b>-2</b> Sad	<i>Take action</i>	●	●	●	●	●	●	●
<b>-3</b> Depressed	<i>Call the doctor</i>	●	●	●	●	●	●	●
<b>-4</b> Immobilized		●	●	●	●	●	●	●
<b>-5</b> Suicidal <b>Depressed</b>	<i>Go to the hospital</i>	●	●	●	●	●	●	●

**What caused the mood shift?**

**EXERCISE 4.5 Symptom Graph**

The symptom I am tracking is:

Week of:	Plan	Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>Manic</b> <b>+5</b>	<i>Go to the hospital</i>	●	●	●	●	●	●	●
<b>+4</b>		●	●	●	●	●	●	●
<b>+3</b>	<i>Call the doctor</i>	●	●	●	●	●	●	●
<b>+2</b>	<i>Take action</i>	●	●	●	●	●	●	●
<b>+1</b>	<i>Watch closely</i>	●	●	●	●	●	●	●
<b>0</b>		●	●	●	●	●	●	●
<b>-1</b>	<i>Watch closely</i>	●	●	●	●	●	●	●
<b>-2</b>	<i>Take action</i>	●	●	●	●	●	●	●
<b>-3</b>	<i>Call the doctor</i>	●	●	●	●	●	●	●
<b>-4</b>		●	●	●	●	●	●	●
<b>-5</b> <b>Depressed</b>	<i>Go to the hospital</i>	●	●	●	●	●	●	●

What caused the mood shift?

## EXERCISE 6.4 Reasons to Live

Make a list of reasons to continue living. When you begin to have dark thoughts about life, look over the list to remind yourself of these reasons so you can hold on for another day.

Reasons I shouldn't leave:

People to live for:

Things I would miss:

Experiences I have not yet had:

Things that matter to me:

## EXERCISE 6.5 Reasons to Have Hope

Make a list of reasons to have hope. The following questions might help.

- What are you currently doing that gives you hope for improvement?
- Is it possible that the problems that bring you down are only temporary?
- Have you made it through difficult times in the past?
- Why do other people believe there is hope for your future?
- When you are not depressed, what kinds of things give you hope?

From *The Bipolar Workbook, Second Edition*. Copyright 2015 by The Guilford Press.



## EXERCISE 7.6 How to Decatastrophize Your Thoughts

Follow the steps below to decatastrophize your scary thoughts.

1. If you think it's possible that you're catastrophizing about something, write down what you imagine will happen. It helps if you can picture the situation in your mind.
2. Ask yourself how likely it is that the catastrophe you imagined will occur. Is it a 100% certainty? Is there a 50% chance? Pick a number based on what you know to be true, not just what you fear.

*It is \_\_\_\_\_% likely that the catastrophe I fear will actually happen.*

3. Are there other outcomes, besides the one you imagined, that might be just as likely to occur? If so, what are the other possible options? Make a list.

a.

b.

c.

d.

e.

f.

4. Cross off the list the possibilities that are the least likely to occur. This might include your original fear.
5. Of the items remaining, choose the mostly likely outcome.

*The most likely outcome of this situation is \_\_\_\_\_*

\_\_\_\_\_

\_\_\_\_\_

6. Is there anything you can do to make things turn out better? Is there anything others can do for you that would make the situation turn out better? If so, what are the possibilities?
7. If you are right and the situation turns out to be catastrophic, how will you cope? How can you prepare yourself to deal with the aftermath?

**EXERCISE 8.3A Activity Schedule, Sunday–Tuesday**

Put an X in the box after completing each task.

<b>Time</b>	<b>Sun</b>	<b>Mon</b>	<b>Tues</b>
9:00 A.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 A.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 A.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EXERCISE 8.3B Activity Schedule, Wednesday–Saturday**

Put an X in the box after completing each task.

Time	Wed	Thur	Fri	Sat
9:00 A.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 A.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 A.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EXERCISE 8.6 “A” List and “B” List**

In the spaces below, make a list of no more than three things you would like to accomplish today. Choose things that are easy to complete or list small steps toward a larger goal.

**My “A” List**

*Things I need to do today*

- 1.
- 2.
- 3.

On your “B” list, add no more than three things that you would like to do after you finish your “A” list tasks. These can be chores or pleasurable activities.

**My “B” List**

*Things I’d like to do when I finish my “A” list*

- 1.
- 2.
- 3.

**EXERCISE 11.1 Thought Record, Part I**

<b>Event</b> What triggered your thoughts and feelings?	<b>Thoughts</b> Write down all the thoughts that popped into your mind when the event occurred.	<b>Feelings</b> What feelings did you experience? Include emotions and physical sensations.

From *The Bipolar Workbook, Second Edition*. Copyright 2015 by The Guilford Press.

**EXERCISE 11.2 Thought Record, Part II: Logical Analysis of Thoughts**

**My thought is:**

**How strongly do I believe it?** \_\_\_\_\_ (0% = not at all; 100% = believe it completely)

<b>What evidence do I have that my thought is true?</b>	<b>What evidence do I have that my thought is not true?</b>	<b>What would someone else say in this situation?</b>	<b>My conclusions and my plan for what to do next</b>

**EXERCISE 13.2A** Your Personal Plan for Treatment, Part I: My Goals

**I intend to follow this plan for taking medication as often as possible:**

<i>Type of medication</i>	<i>Dose</i>	<i>Schedule</i>

**My other goals for treatment include the following:**

Therapy:

Self-help groups or other resources:

**EXERCISE 13.2B** Your Personal Plan for Treatment, Part II:  
The Obstacles

Use the items you marked in Exercise 13.1 to help you anticipate things that could interfere with the goals you set as part of your personal treatment plan.

**It is possible that the following things could keep me from taking medication regularly:**

**It is possible that the following factors could keep me from participating in therapy or from using other self-help methods:**

From *The Bipolar Workbook, Second Edition*. Copyright 2015 by The Guilford Press.



**EXERCISE 13.2C** Your Personal Plan for Treatment, Part III:  
The Plan

**The following is my plan for overcoming the obstacles I listed in Part II:**

The issue:

The plan:

The issue:

The plan:

The issue:

The plan:

From *The Bipolar Workbook, Second Edition*. Copyright 2015 by The Guilford Press.

## EXERCISE 14.2 Ten Questions to Define a Problem

Pick a problem that is currently bothering you. Use the following questions to hone in on a clear definition of the problem.

1. What is the problem?
2. Is it something that happened in the past or something that still needs to be resolved?
3. Is it your problem or someone else's problem?
4. Is there anything you can do about it right now?
5. When is it most likely to occur?
6. How often does the problem occur?
7. If it does not get solved, what will happen?
8. What is your biggest worry about this problem?
9. If it were solved, how would things be different for you?
10. What part of the problem needs to be solved first?

From *The Bipolar Workbook, Second Edition*. Copyright 2015 by The Guilford Press.

### EXERCISE 14.3 Summarize the Problem

Based on your answers to the questions in Exercise 14.2, try to clearly define your problem in Exercise 14.3.

**The problem is:**

**The way it affects my life is:**

**It upsets me because:**

**It has to be resolved soon because:**

From *The Bipolar Workbook, Second Edition*. Copyright 2015 by The Guilford Press.

**EXERCISE 14.4** Possible Solutions to My Problem

<b>Order</b>	<b>Ideas</b>

From *The Bipolar Workbook, Second Edition*. Copyright 2015 by The Guilford Press.

**EXERCISE 14.5 Refine Your Plan**

Firm up your plan by adding details about the timing, the people involved, and the outcome.

**When?**

**Who will help?**

**How will you know if the plan worked?**

From *The Bipolar Workbook, Second Edition*. Copyright 2015 by The Guilford Press.

**EXERCISE 16.1** Decision-Making Worksheet

Possible options	Advantages	Disadvantages	
Option 1:			
Option 2:			
Option 3:			
Themes		Order of importance	Best options

## EXERCISE 17.2 Mood Graph

Use this worksheet to track your mood each day.

Week of:	Plan	Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>+5</b> Manic Not sleeping, psychotic	<i>Go to the hospital</i>	●	●	●	●	●	●	●
<b>+4</b> Manic, poor judgment		●	●	●	●	●	●	●
<b>+3</b> Hypomanic	<i>Call the doctor</i>	●	●	●	●	●	●	●
<b>+2</b> Energized	<i>Take action</i>	●	●	●	●	●	●	●
<b>+1</b> Hyper, happy	<i>Watch closely</i>	●	●	●	●	●	●	●
<b>0</b> Normal		●	●	●	●	●	●	●
<b>-1</b> Low, down	<i>Watch closely</i>	●	●	●	●	●	●	●
<b>-2</b> Sad	<i>Take action</i>	●	●	●	●	●	●	●
<b>-3</b> Depressed	<i>Call the doctor</i>	●	●	●	●	●	●	●
<b>-4</b> Immobilized		●	●	●	●	●	●	●
<b>-5</b> Suicidal <b>Depressed</b>	<i>Go to the hospital</i>	●	●	●	●	●	●	●

**What caused the mood shift?**

