My Designated Observer

Why a Designated Observer?
Sometimes it’s helpful to have another person tell us if we seem different than we usually do, especially if we’re trying a new medication, stopping a medication, or making changes to our medication.

My Choice
The person listed below is my Designated Observer. He/She will help me evaluate the changes I am making to my medications.

My Designated Observer is:

____________________________

I’m choosing this person because:

____________________________

____________________________

____________________________

About the changes
The change I’m making is: __________

________________________________

________________________________

The change started on: __________

________________________________

________________________________

________________________________

My Reason for making the change is:

________________________________

________________________________

________________________________

As a result of the change I hope that:

________________________________

________________________________

________________________________

Observers can help me see:
- How I’m interacting with others.
- How I am fulfilling my responsibilities
- If my attitude or personality or seems different.
- If my symptoms are changing.
- If there are changes in my sense of humor or mood.

INSTRUCTION: This worksheet should be filled out by the person selecting a Designated Observer.
Dear Designated Observer, in the table below, please indicate if it seems to you like I'm taking my medication, if I'm doing a wellness activity, and if I seem to be using drugs or alcohol. Also, please rate my symptoms and describe any side-effects you think you observe. I've drawn a line through any columns I don't want you to rate. Thanks for helping me learn more about how this medicine works for me.

<table>
<thead>
<tr>
<th>Date</th>
<th>Seems Like I'm Taking Medication?</th>
<th>Seems Like I'm Doing A Wellness Activity</th>
<th>Seems Like I'm Using Drugs Or Alcohol?</th>
<th>Seems Like My Symptoms Are Changing?</th>
<th>Seems Like I'm Having Side Effects?</th>
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<td>Y / N If yes, describe:</td>
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Weekly Summary/overall comments: