



MY <sup>Pr</sup> REXULTI



JOURNEY

*The journey of a thousand miles begins with one step*  
— Lao Tzu

[myreultijourney.ca](http://myreultijourney.ca)



# MY REXULTI JOURNEY

Resources for  
starting your  
Pr **REXULTI**<sup>®</sup>  
treatment

**This kit includes:**

- My Getting Started Information Brochure
- My Symptom Tracker
- My Appointment Checklist

Discover online resources at  
**[myrexultijourney.ca](http://myrexultijourney.ca)**



# MY SYMPTOM TRACKER

**Important reminder:** Bring this completed Symptom Tracker to your next appointment with your healthcare professional to help you share your journey by discussing your symptoms and how you have been feeling.

This tracker monitors your symptoms on a weekly basis over a span of 4 weeks.

- **Once a day**, you will be able to note down what you are feeling and how much you are feeling it. You can also set your own personal lifestyle goals (for example, going for walks) and check them off on a daily basis.
- **Each week**, you can go into more detail by writing down important thoughts and experiences, or even jot down questions related to your depression and treatment.

Next time you visit your healthcare professional, you can use your Symptom Tracker to help you remember how you have been feeling over the last month. **This will help you and your healthcare professional decide whether your treatment plan should be adjusted.**



*I found that with depression, one of the most important things you can realize is that you're not alone*

— Dwayne Johnson

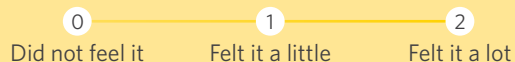
**WEEK 1 OF 4**



# Daily symptom tracker

WEEK 1: \_\_\_\_\_

**What did you feel today?** Score each item as follows:



DAY	SYMPTOMS						TOTAL	What best describes how you feel today? Try using one word.
	Sadness	Agitated (feeling of being restless) or irritable	Hard to concentrate	Loss of interest in things	Tired	Negative thoughts		
1								
2								
3								
4								
5								
6								
7								

# Daily lifestyle goals

It is important that you set yourself lifestyle goals and try your best to achieve them.

DAY	GOAL #1 <i>I want to chat with a friend.</i> <input checked="" type="checkbox"/>	GOAL #2 <i>I want to go for a walk.</i> <input checked="" type="checkbox"/>	GOAL #3 <i>I want to eat something healthy.</i> <input checked="" type="checkbox"/>
1			
2			
3			
4			
5			
6			
7			

## Weekly wellness check

### MY THOUGHTS

(Emotions and/or mood changes for the week)

*Overall, this week has been bad/okay/positive. I have been feeling*

*tired/energetic and disengaged/engaged.*

### MY ACHIEVEMENTS

(For example, exercise, nutrition, or mindfulness)

*I stuck to my exercise plan this week by going on a bike ride every*

*other day. I mostly ate well but had a few cheat meals.*

### MY SLEEP

(Quality and quantity for the week)

*Over the week, I slept badly/well and for an average of X hours.*

### MY QUESTIONS

(For your healthcare professional at your next visit)

*What else can I do to deal with negative thoughts?*



*Don't be afraid to ask questions. Don't be afraid  
to ask for help when you need it*  
— Barack Obama

**WEEK 2 OF 4**



# Daily symptom tracker

WEEK 2: \_\_\_\_\_

**What did you feel today?** Score each item as follows:



DAY	SYMPTOMS						TOTAL	What best describes how you feel today? Try using one word.
	Sadness	Agitated (feeling of being restless) or irritable	Hard to concentrate	Loss of interest in things	Tired	Negative thoughts		
1								
2								
3								
4								
5								
6								
7								

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### MY SLEEP

(Quality and quantity for the week)

*Over the week, I slept badly/well and for an average of X hours.*

### MY QUESTIONS

(For your healthcare professional at your next visit)

*What else can I do to deal with negative thoughts?*



*Always be a work in progress*

— Emily Lillian

**WEEK 3 OF 4**

# Daily symptom tracker

WEEK 3: \_\_\_\_\_

**What did you feel today?** Score each item as follows:



DAY	SYMPTOMS						TOTAL	What best describes how you feel today? Try using one word.
	Sadness	Agitated (feeling of being restless) or irritable	Hard to concentrate	Loss of interest in things	Tired	Negative thoughts		
1								
2								
3								
4								
5								
6								
7								

## Daily lifestyle goals

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### MY SLEEP

(Quality and quantity for the week)

*Over the week, I slept badly/well and for an average of X hours.*

### MY QUESTIONS

(For your healthcare professional at your next visit)

*What else can I do to deal with negative thoughts?*



*Make choices to empower yourself*

— Dean Ornish

**WEEK 4 OF 4**



# Daily symptom tracker

WEEK 4: \_\_\_\_\_

What did you feel today? Score each item as follows:



DAY	SYMPTOMS						TOTAL	What best describes how you feel today? Try using one word.
	Sadness	Agitated (feeling of being restless) or irritable	Hard to concentrate	Loss of interest in things	Tired	Negative thoughts		
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## Weekly wellness check

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(Emotions and/or mood changes for the week)

*Overall, this week has been bad/okay/positive. I have been feeling*

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### MY ACHIEVEMENTS

(For example, exercise, nutrition, or mindfulness)

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### MY QUESTIONS

(For your healthcare professional at your next visit)

*What else can I do to deal with negative thoughts?*

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# Notes



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