

# 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