

ROAD TO MENTAL READINESS

My Individual Warning Signs

	HEALTHY	REACTING	INJURED	ILL
Changes in Well-being	Good mental health, normal functioning	Common and self-limiting distress	More severe functional impairment	Diagnosable mental illness, severe and persistent functional impairment
Changes in Mood	Take things in stride Calm Normal mood fluctuations	Sad/Tearful Nervous Irritable/Impatient	Hopelessness/ Pervasive sadness Anxious Angry	Depressed mood/Suicidal Excessive anxiety/Panic Easily enraged/ Aggressive
Changes in Attitude and Performance	Confidence in self and others Performing well Good sense of humour Good attitude	Procrastination Forgetful Frequently overwhelmed Displaced sarcasm	Poor performance; workaholic Poor concentration Poor decision making Negative attitude	Cannot perform duties Cannot concentrate Cannot control behaviour Overt insubordination
Changes in Sleep and Physical Health	Physically well Few sleep difficulties Normal sleep patterns	Low energy/Some aches and pains Intrusive thoughts/ Nightmares Trouble sleeping	Increased fatigue/Aches and pains Recurrent thoughts/ Nightmares Restless sleep	Constant or prolonged exhaustion/ Frequent illness Persistent ongoing intrusive thoughts/ Nightmares Cannot fall/stay asleep
Changes in Social Activity	Engaging in relaxation and recreational activities Socially active	Decreased enjoyment in recreational activities Decreased social activity	Inability to enjoy activities Withdrawal	Not leaving the house or answering the phone Complete avoidance or withdrawal
Changes in Substance Use, Gambling, and Other Risk-taking Behaviours	No addictions to alcohol, drugs, gambling, or other Risk Taking Behaviour (RTB)	Regular but controlled substance use, gambling, and RTB	Substance use, gambling, and RTBs hard to control	Substance, gambling, or RTB addictions

My Green

My Yellow

My Orange

My Red

ROAD TO MENTAL READINESS

Self-Management

HEALTHY

REACTING

To stay **green**, I...

When I am **yellow**, I...

INJURED

ILL

If I noticed I was **orange** or **red**, I would...

Please save and send this completed form to your facilitator.