

9. My Designated Observer

<p>Why a Designated Observer?</p> <p>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.</p> <p>The person listed below is my Designated Observer. He/She will help me evaluate the changes I am making to my medications.</p> <p>My Designated Observer is:</p> <hr/> <p>I'm choosing this person because:</p>	<p>About the changes</p> <p>The change I'm making is:</p> <p>The change started on:</p>	<div data-bbox="1084 262 1398 472" data-label="Image"> </div> <p>Observers can help me see:</p> <ul style="list-style-type: none"> • 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. <p>INSTRUCTION: This worksheet should be filled out by the person selecting a Designated Observer.</p>
<div data-bbox="180 1339 561 1583" data-label="Text"> <p>ob·serv·er (/ əb'zərvər/) Noun: A person who watches or notices something. Synonyms: watcher, spectator or spotter.</p> </div>	<p>My Reason for making the change is:</p> <p>As a result of the change I hope that:</p>	



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.

Date	Seems Like I'm Taking Medication?	Seems Like I'm Doing A Wellness Activity	Seems Like I'm Using Drugs or Alcohol?	Seems Like My Symptoms Are Changing?	Seems Like I'm Having Side Effects?
	Check if Yes: <input type="checkbox"/> If yes, describe:	Check if Yes: <input type="checkbox"/> If yes, describe:	Check if Yes: <input type="checkbox"/> If yes, describe:	Check if Yes: <input type="checkbox"/> If yes, describe:	Check if Yes: <input type="checkbox"/> If yes, describe:
	Check if Yes: <input type="checkbox"/> If yes, describe:	Check if Yes: <input type="checkbox"/> If yes, describe:	Check if Yes: <input type="checkbox"/> If yes, describe:	Check if Yes: <input type="checkbox"/> If yes, describe:	Check if Yes: <input type="checkbox"/> If yes, describe:
	Check if Yes: <input type="checkbox"/> If yes, describe:	Check if Yes: <input type="checkbox"/> If yes, describe:	Check if Yes: <input type="checkbox"/> If yes, describe:	Check if Yes: <input type="checkbox"/> If yes, describe:	Check if Yes: <input type="checkbox"/> If yes, describe:

Weekly Summary/overall comments: