



Depression and Bipolar
Support Alliance

DBSA Wellness Tracker

Stay well and on track with the
DBSA Wellness Tracker.

The DBSA Wellness Tracker was designed with you in mind. Tracking how you are feeling each day can be helpful to understand your overall mood and state of well being. If you live with depression or bipolar, understanding the changes in your mood, interactions of medications, substance use, nutritional intake, and exercise, will help you gain more insight into what works best for your personal wellness. At DBSA we know wellness is not one-size-fits-all. This wellness tracker was designed to be used in a way that will work best for you; use all of the sheets or just some of them to begin your wellness journey.

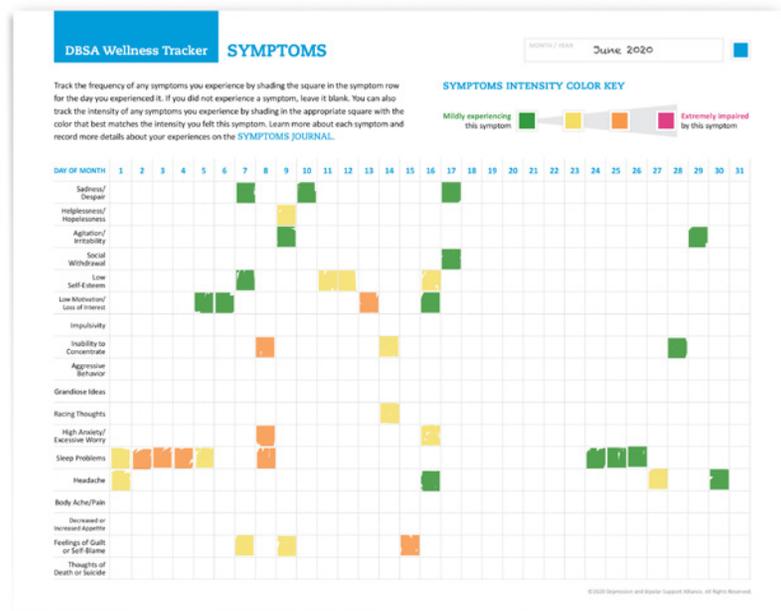
How to use the DBSA Wellness Tracker

SYMPTOMS TRACKER

The Symptoms Tracker helps you discover the frequency and intensity of any mood disorder symptoms you are experiencing in a month. Descriptions of each symptom are described on the right.

Track the frequency of any symptoms you experience by shading the square in the symptom row for the day you experienced that symptom. If you did not experience a symptom, leave that square blank. You can also track the intensity of any symptoms you experience by shading in the square with a color from the Symptoms Intensity Color Key (on the tracker) that best matches the intensity you felt this symptom.

Here is an example of how your completed Symptoms Tracker might look at the end of the month:



SYMPTOM DESCRIPTIONS

Sadness/Despair

Helplessness/Hopelessness

Agitation/Irritability

Feeling unusually nervous, impatient, annoyed

Social Withdrawal

Keeping to yourself; feeling isolated and alone

Low Self-Esteem

Feeling worthless, unimportant

Low Motivation or Loss of Interest

Low energy level or excessive fatigue; no interest in things you usually enjoy

Impulsivity

Reckless spending, sexual behavior, decisions

Inability to Concentrate or Make Decisions

Aggressive Behavior

Grandiose Ideas

Feeling like you can do anything

Racing Thoughts

Many ideas coming to you all at once

High Anxiety or Excessive Worry

Sleep Problems

Headache

Body Ache/Pain

Decreased or Increased Appetite

Feelings of Guilt or Self-Blame

Thoughts of Death or Suicide



How to use the DBSA Wellness Tracker

WELLNESS WHEEL GOALS TRACKER

The Wellness Wheel Goals Tracker allows you to track progress on the goals you created on your DBSA Wellness Wheel Goal Planner. Refer to the last page of your completed Goal Planner to select up to 5 goals you'd like to track for the month and write them at the bottom of the tracker. You'll also include how many times you plan to take action on each goal during the month (Daily? Once each week? Twice during the month?). When you take action on a goal, check the day next to that goal on your tracker. At the end of the month, you'll record how many times you took action on each of your goals.

Here is an example of how your completed Wellness Wheel Goals Tracker might look at the end of the month:

DBSA Wellness Tracker		WELLNESS WHEEL GOALS		MONTH / YEAR	June 2020																										
Based on what you recorded in your Wellness Wheel Goal Planner, use the bottom table to list up to five goals* you'll focus on this month. In the top chart, check off those days in which you took action on your goals. At the end of the month, record the total number of times you took action on each goal in the last column of the bottom table. *The number of goals you decide to track is personal to you—remember that taking small steps can help make big goals more attainable.																															
DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
GOAL 1	✓	✓	✓	✓																											
GOAL 2	✓	✓	✓	✓																											
GOAL 3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
GOAL 4																															
GOAL 5																															
WRITE THE WELLNESS WHEEL AREA THAT CORRESPONDS TO EACH GOAL.	LIST EACH GOAL, DESCRIBING WHAT YOU'LL DO.																HOW MANY TIMES THIS MONTH DO YOU PLAN TO DO THIS?	HOW MANY TIMES THIS MONTH DID YOU DO THIS?													
Physical	GOAL 1 I will drink 80oz. of water every day.																30	17													
Physical	GOAL 2 I will do yoga 3 days a week.																15	9													
Environmental	GOAL 3 I will spend at least 10 minutes a day outside.																15	26													
	GOAL 4																														
	GOAL 5																														

ABOUT THE DBSA WELLNESS WHEEL

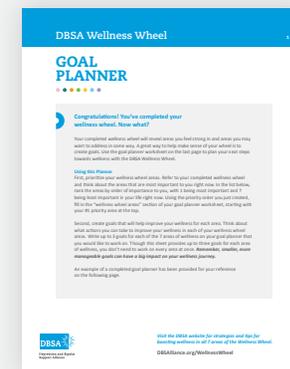
The DBSA Wellness Wheel is an easy-to-use tool that gives you a complete picture of the progress you've already made in your wellness journey. As you create your own wheel, you will see your strengths in perspective and discover ways to move toward the life you want to live.

Learn more at DBSAAlliance.org/WellnessWheel



Download the DBSA Wellness Wheel Workbook at:

DBSAAlliance.org/WellnessWheelWorkbook



Download the DBSA Wellness Wheel Goal Planner at:

DBSAAlliance.org/WellnessWheelGoals



How to use the DBSA Wellness Tracker

JOURNALS

The Wellness Tracker includes two “journal-style” trackers and a general journal page. Several of the trackers also have note-taking sections for recording relevant details that otherwise wouldn’t be tracked.

The purpose of the journals is to record any significant experiences or details about what you’ve tracked that might later help you interpret your mood graph.

Each journal is described on the right.

JOURNAL PAGES

SYMPTOMS JOURNAL

The Symptoms Journal is designed to be used along with the Symptoms Tracker. This allows you to note additional details about any symptoms you’ve experienced.

NUTRITION & EXERCISE JOURNAL

The Nutrition & Exercise Tracker is designed as a journal, allowing you to record specific details unique to your own lifestyle. Journal prompts for each area guide your note-taking:

Describe how your NUTRITION choices made you feel today.

If you EXERCISED today, describe what you did and how it made you feel.

JOURNAL

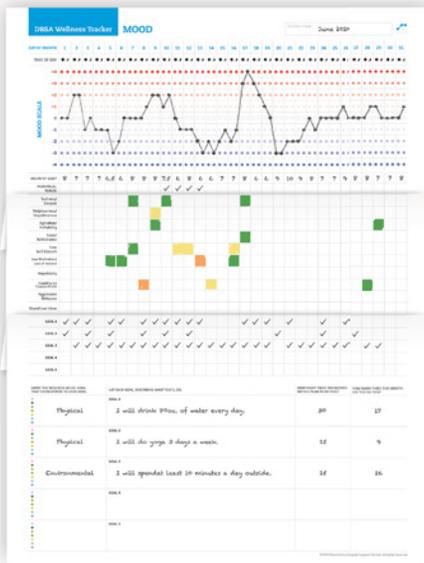
This general journal page has a line for each day of the month and can be used along with any of the other trackers to record additional notes, or used by itself as a monthly free-form journal to record your thoughts.



How to use the DBSA Wellness Tracker

REFLECTION

After you've completed a month of tracking, line up your tracker sheets so you can review the whole month. If you used any of the journals, be sure to have them at hand for reference. Use the reflection prompts at the right to help you interpret the information you tracked.



REFLECTION PROMPTS

1. As you review your mood graph and other data you have tracked, what correlations can you make based on your tracking each day?
2. If you take medications or supplements, were there any side effects or notes of effectiveness?
3. If you are tracking your wellness wheel goals, how did you feel on days when you accomplished a goal?
4. How was your sleep this month? Did you observe any correlations between your sleep and mood?
5. Review any notes you may have taken on your nutritional intake or physical activity. Can you see ways in which these notes correlate to your mood changes throughout the month?





Track the frequency of any symptoms you experience by shading the square in the symptom row for the day you experienced it. If you did not experience a symptom, leave it blank. You can also track the intensity of any symptoms you experience by shading in the appropriate square with the color that best matches the intensity you felt this symptom. Learn more about each symptom and record more details about your experiences on the [SYMPTOMS JOURNAL](#).

SYMPTOMS INTENSITY COLOR KEY

Mildly experiencing this symptom



Extremely impaired by this symptom

DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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Feelings of Guilt or Self-Blame																																
Thoughts of Death or Suicide																																

MONTH / YEAR



DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Medication or Supplement 1																															
Medication or Supplement 2																															
Medication or Supplement 3																															
Medication or Supplement 4																															
Medication or Supplement 5																															
Medication or Supplement 6																															
Medication or Supplement 7																															
Medication or Supplement 8																															
Medication or Supplement 9																															
Medication or Supplement 10																															

PHARMACY	ADDRESS	PHONE
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MEDICATIONS/SUPPLEMENTS LIST

NAME OF MEDICATION OR SUPPLEMENT	DOSE	PRESCRIBED BY	HOW IT HELPS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

NOTES

ANY SIDE EFFECTS? NOTICE ANY EFFECTIVENESS?



Based on what you recorded in your Wellness Wheel Goal Planner, use the bottom table to list **up to five goals*** you'll focus on this month. In the top chart, check off those days in which you took action on your goals. At the end of the month, record the total number of times you took action on each goal in the last column of the bottom table. ***The number of goals you decide to track is personal to you—remember that taking small steps can help make big goals more attainable.**

DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
GOAL 1																															
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WRITE THE WELLNESS WHEEL AREA THAT CORRESPONDS TO EACH GOAL.	LIST EACH GOAL, DESCRIBING WHAT YOU'LL DO.	HOW MANY TIMES THIS MONTH DO YOU PLAN TO DO THIS?	HOW MANY TIMES THIS MONTH DID YOU DO THIS?
	GOAL 1		
	GOAL 2		
	GOAL 3		
	GOAL 4		
	GOAL 5		

CHECK IN ON YOUR LEVEL OF WELLNESS

Twice each month, rate how often you've been bothered by the statements in the list, ranging from 0 (not bothered at all) to +3 (bothered nearly every day), by shading the appropriate circle that best describes your experience for that statement.

For each check-in, record the check-in date and your overall score by adding together the rating numbers you shaded for each statement.

SCORING

- 0-4 Minimal or No Depression
- 5-9 Mild Depression
- 10-14 Moderate Depression
- 15-19 Moderately Severe Depression
- 20-27 Severe Depression

FIRST CHECK-IN DATE: _____

TOTAL SCORE: _____ *(Add the sums from each column below to find your total score.)*

How often have you been bothered by the following over the last two weeks?

	Not at all 0	Several days +1	More than half the days +2	Nearly every day +3	
Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble falling or staying asleep, or sleeping too much?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling tired or having little energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Poor appetite or overeating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble concentrating on things such as reading the newspaper or watching television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Moving or speaking so slowly that other people have noticed? Or so fidgety or restless that you have been moving a lot more than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
					TOTAL SCORE:
<i>If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?</i>					Not at all difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult <input type="checkbox"/>
					_____ + _____ + _____ + _____ = _____

SECOND CHECK-IN DATE: _____

TOTAL SCORE: _____ *(Add the sums from each column below to find your total score.)*

How often have you been bothered by the following over the last two weeks?

	Not at all 0	Several days +1	More than half the days +2	Nearly every day +3	
Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble falling or staying asleep, or sleeping too much?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling tired or having little energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Poor appetite or overeating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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					_____ + _____ + _____ + _____ = _____

