

WEEK OF \_\_\_\_\_

NEXT APPOINTMENT \_\_\_\_\_

**On a scale of one to ten, how do you feel? (circle the number)**

**1 2 3 4 5 6 7 8 9 10**

1=sad, tired, anxious, tense, irritable, withdrawn

10=happy, rested, relaxed, energized, involved in life

**Check any words that describe how you felt this week.**

- Trouble concentrating
- Sad/Crying
- Joyful/Pleased
- Overeating/Not eating
- Slept too much/Trouble sleeping
- Irritable/Angry/Worried/Anxious
- Calm
- Don't care/Pessimistic
- Lazy/No energy
- Interested/Involved in life
- Aches and pains
- Guilty/Hopeless/Worthless/Overwhelmed
- Difficult to concentrate or make decisions
- Wanted to be alone
- Happy/Content
- Thoughts of death or suicide
- Working well/Clear thinking
- Alcohol/Substance use
- Active
- Other:

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**Have my family, co-workers or friends said anything about my mood? If so, what?**

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**What difficulties did I have sticking with my treatment plan?**

*(medication, talk therapy, support groups, etc.)*

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**Did my medication make me feel bad in any way? How?**

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**I experienced the following side effects this week:**

- Nausea
- Sexual difficulties
- Constipation
- Dizziness
- Weight gain/loss ( \_\_\_\_ lbs.)
- Shortness of breath
- Shaking
- Dry mouth
- Other:

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**In what ways am I feeling better than last week?**

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**Do I think I could be doing better?**

- Yes
- No

If yes, in what ways?

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**Questions to ask my doctor:**

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**Goals for my next appointment:**

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