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1=sad, tired, anxious, tense, irritable, withdrawn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

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

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What difficulties did I have sticking with my treatment plan?

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

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

I experienced the following side effects this week:
___ Nausea
___ Sexual difficulties
___ Constipation
___ Dizziness
___ Weight gain/loss ( ___ lbs.)
___ Shortness of breath
___ Shaking
___ Dry mouth
___ Other:

In what ways am I feeling better than last week?

Do I think I could be doing better?
___ Yes
___ No
If yes, in what ways?

Questions to ask my doctor:

Goals for my next appointment: