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



| 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 | 2 9 | 30 | 31 |
|-------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------------|----|----|
| Sadness/ Despair | | | | | | | | | | | | | | | | | | | | • | | | | | | | | | | | |
| Helplessness/ Hopelessness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agitation/ Irritability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Withdrawal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Low Self-Esteem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Low Motivation/ Loss of Interest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Impulsivity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inability to Concentrate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aggressive Behavior | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grandiose Ideas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Racing Thoughts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High Anxiety/ Excessive Worry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sleep Problems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Headache | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Body Ache/Pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Decreased or Increased Appetite | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feelings of Guilt or Self-Blame | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thoughts of Death or Suicide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DBSA Wellness Tracker

SYMPTOMS JOURNAL

MONTH / YEAR



Below is a detailed list of symptoms commonly used to measure mental health wellness. You might find it helpful to make specific notes about any symptoms you've experienced during the month, using the space to the right.

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 IdeasFeeling 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

If you are having thoughts of death or suicide, call 1-800-273-TALK or text DBSA to 741-741.

If you need immediate assistance, call 911 or go to the nearest hospital emergency room.

| DAY | TIME | NOTE |
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