Name _____ Month _____ Year _____

DAYS	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
ELEVATED: Severe — Significant impairment. Need to be in work																															
ELEVATED: Moderate — Significant impairment. Able to work																															
ELEVATED: Mild — Without significant impairment																															
NORMAL																															
DEPRESSED: Mild — Without significant impairment																															
DEPRESSED: Moderate — Significant impairment. Able to work																															
DEPRESSED: Severe — Significant impairment. Not able to work																															
Anxiety (0=None, 1=Mild, 2=Moderate, 3=Severe)																															
Irritability (0=None, 1=Mild, 2=Moderate, 3=Severe)																															
Weight on day 28																															
Hours slept																															
Medication (name, mg)																															