Doctor:
Therapist: Elizabeth Davis, LPCI

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 — Signicant impairment Not able to work																															
	Moderate — Significant impairment Able to work																															
	Mild — Without significant impairment																															
NORMAL																																
	NORMAL																															
	Mild — Without significant impairment																															
DEPRESSED																																
	Moderate — Significant impairment Able to work																															
	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																															
	Hours slept																															
	Medication (name/mg)																															