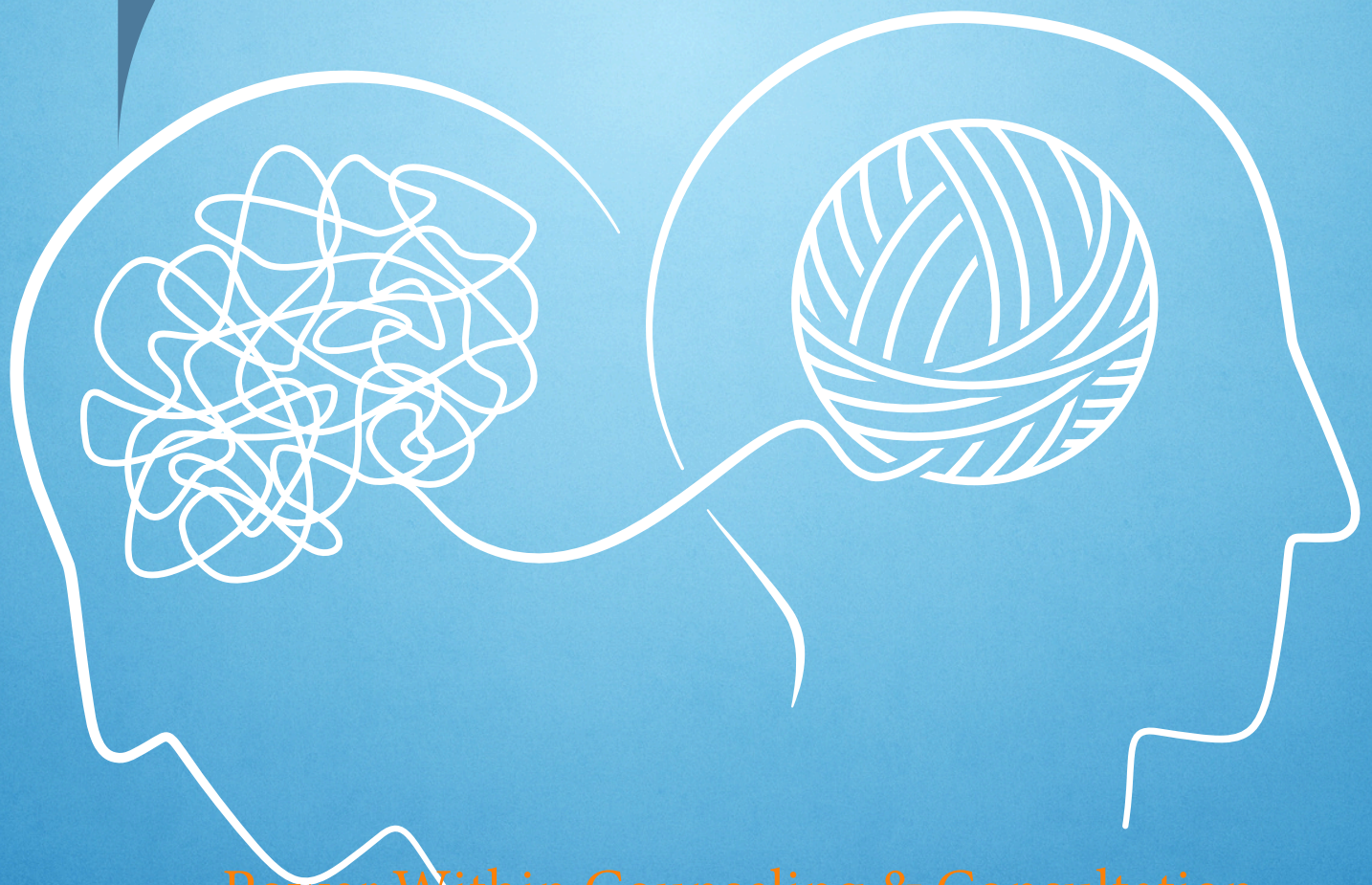


Anxiety and Depression Journal



Power Within Counseling & Consultation

Symptoms of Depression

Your mental health matters

Depression is a serious mental health condition that affects people from all walks of life. If you have symptoms, please seek help as there are many treatment options available.

Difficulty
Concentrating or
Making
Decisions



Fatigue or
Loss of Energy



Persistent
Sadness or
Low Mood



Loss of
Interest or
Pleasure

Changes in
Appetite or
Weight



Changes
in Sleep
Patterns



Symptoms of Anxiety

Your mental health matters

Anxiety affects not only our emotional state but also our daily life. You should never feel like you have to suffer in silence. Seek help if you are struggling with symptoms.

Worry excessively about everyday things



Rapid Heartbeat and Profuse Sweating



Restless, easily irritated, feeling uneasy



Struggle to focus and concentrate

Sleep issues lead to disturbances



Avoiding certain actions or situations



How to Overcome and Avoid Depression

1

Maintain Healthy Lifestyle

Exercise regularly, eat well, and prioritize sleep to boost mood and overall well-being, reducing the risk of depression. These habits release endorphins and promote physical and mental health.



2

Develop Coping Techniques

Practice mindfulness, deep breathing, or talk to someone for support during tough times. These coping strategies can help manage stress and difficult emotions effectively.



3

Connect with Others

Cultivate meaningful relationships and engage in social activities to combat loneliness. Spending time with loved ones and participating in group hobbies fosters a sense of belonging and provides emotional support.



4

Seek Professional Help if Needed

Don't hesitate to reach out to a therapist or counselor for additional support. Professional help can provide guidance and strategies to manage depression effectively, improving overall well-being



STOP Technique

Interrupt anxious thoughts and feelings

S

Stop.

When you start feeling anxious or overwhelmed, take a moment to pause and step away from what you're doing or thinking.

T

Take a deep breath.

Inhale slowly through your nose and exhale slowly through your mouth. Repeat several times.

O

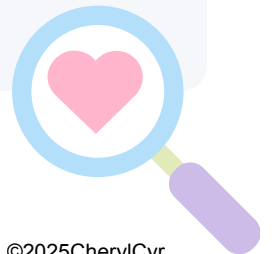
Observe.

Pay attention to what's happening in your body and mind. Acknowledge the feelings and thoughts you're experiencing.

P

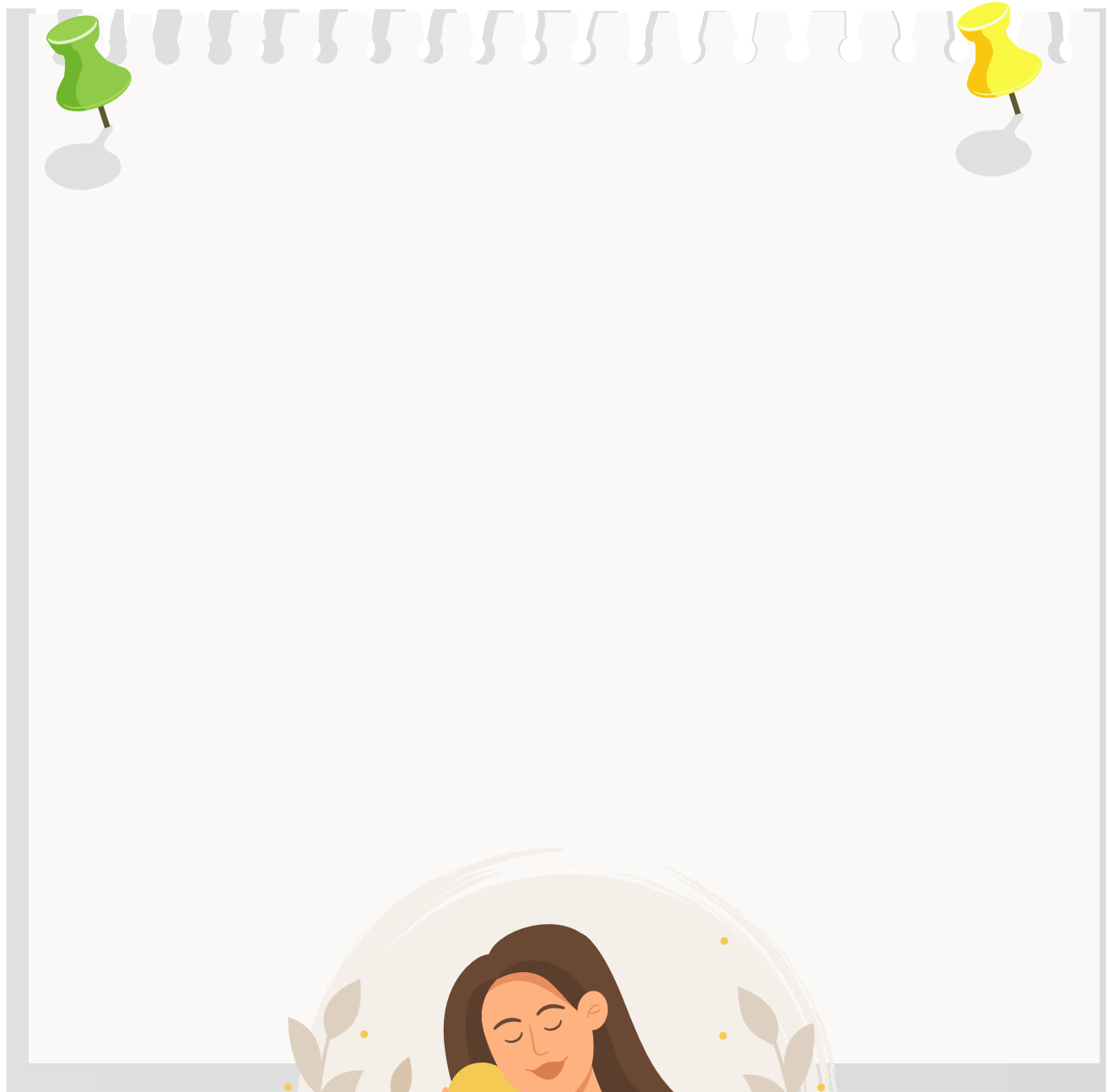
Proceed.

Choose how you would like to proceed, focusing on activities or thoughts that make you calm and happy.



Things I Love About Myself

List qualities or traits about yourself that you admire and appreciate.



Rewire Your Thought Patterns



I'm fearful

I am the overcomer & despite walking on my path feeling fearful, there's no challenge I'll face that I cannot surmount.

I can't stop worrying

There are two words I no longer recognize. I can stop worrying & will start living life to the fullest & enjoy every moment of it

I'm feeling defeated

I'm feeling the toughness building up inside me that will enable me to conquer the defeated state I'm currently in; I'm bouncing back stronger than ever.

Anxiety Journal

My Reaction

What Happened

Better Coping
Strategy

My Reaction

What Happened

Better Coping
Strategy

My Reaction

What Happened

Better Coping
Strategy

Anxiety Worksheet

What situations trigger your anxiety?

What can you do to make yourself more comfortable?

What distracts you from achieving your goals?

Remember the situation when you felt proud of yourself.

About Depression...

How long in your life you've been affected by depression?

On the timeline below, indicate the significant times you remember being affected by depression

BIRTH

PRESENT DAY

What would you be willing to try to help reduce your depression?

What does it feel like to think about taking steps to get your depression under control?

Self- Reflection

Questions

1- What were your favorite memories?

2-What are my goals in life?

3- What are my Strengths?

4- What do I love about myself?

5- What went well?

6- What didn't go well?

7- What important skill am I lacking?

8- What is the greatest limit I've put on myself?

Stress Tracker

EVENT	DATE/TIME	YOUR REACTION

Healthy Meal Planner

WEEK OF:

	BREAKFAST	LUNCH	DINNER	SNACKS
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				

Monthly Reflection

Things that made me HAPPY this week

Annual Goals

Year

January

February

March

April

May

June

July

August

September

October

November

December

Inspirations

Mental Health Goals

Mindset Goals

Behavior Goals

Other Goals

Gratitude Journal

WEEK OF:

MON

TODAY I AM GRATEFUL FOR..

TUE

TODAY I AM GRATEFUL FOR..

WED

TODAY I AM GRATEFUL FOR..

THU

TODAY I AM GRATEFUL FOR..

FRI

TODAY I AM GRATEFUL FOR..

SAT

TODAY I AM GRATEFUL FOR..

SUN

TODAY I AM GRATEFUL FOR..

My Mental Health Plan

Things I can do when SAD

This year I plan to...

Things I can do when ANXIOUS

My Mental Health Plan

My Mental Health Plan

Take care of my MIND

Action Plan

Take care of my BODY

Take care of my SOUL

Self-Improvement

Habits To Change

[illegible]

My Happiness Level

DATE:

On a scale of 1 to 10 my
happiness level is ____
because

DATE:

On a scale of 1 to 10 my
happiness level is ____
because....

DATE:

On a scale of 1 to 10 my
happiness level is ____
because

DATE:

On a scale of 1 to 10 my
happiness level is ____
because....

My Greatest Accomplishment

Challenges and
Obstacles:

Explore the setbacks you encountered and the strategies you employed to navigate them.

Learning and
Growth:

Consider how you've grown personally, professionally, or emotionally as a result of this experience.

Support
System:

Acknowledge the support you received from others, whether it was from friends, family, mentors, or colleagues.

Identifying Triggers

Write down your triggers.



TRIGGER #1



TRIGGER #2



TRIGGER #3



TRIGGER #4

Goal Setting

ACTION STEPS





















YOUR GOALS

PROBLEMS

SOLUTIONS

DATE

PROGRESS

My Relaxation Plan

In my free time, I will try to relax my soul and body using these techniques.

Relax my MIND

Relax my UPPER BODY

Relax my ARMS

Relax my NECK

Relax my LOWER BODY

Relax my LEGS

Exercise Tracker

EXERCISE

M

T

W

T

F

S

S

[illegible]

Exercise Log

Type of Exercise	Minute	How Do I Feel?	Energy After

Healthy Resources

PODCASTS



BOOKS



FILM/DOCUMENTARIES



VIDEOS



Causes Of Depression

Describe any factors that are present in your life, try to find out some causes of your depression

Personality Type

Life Events

Physical Illness

Social Environment

Family Environment

Genetics

Alcohol/Drug Abuse

Medications

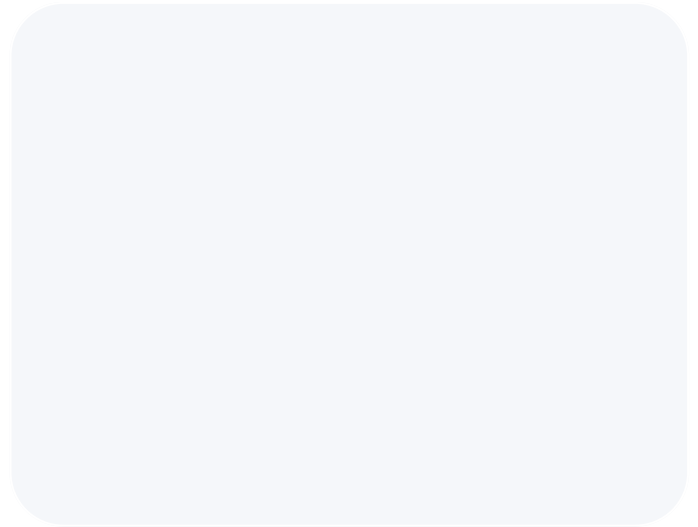
Causes Of Depression

Worksheet

List the categories that have affected you in order of their importance

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

What do these categories tell about yourself?



Which categories do you (or don't) have control over?

Realizing what might have contributed to your depression, describe any ideas you have for overcoming it

Current Situation

DATE:

My Current Situation

Concerns About My Current Situation

Things I am Grateful for Despite My Situation

My Desired Outcome

Survival Planner

Survival Plan

The worst that could happen

Safety Plan

People I Can Call



My Triggers

Coping Skills I Can Use

Ways to Keep Myself Busy



Other Helpful Resources

Strengths to Get Me Through It



Therapy Goals

How will you know if the therapy is working for you?

Write down the most important goal for your therapy or counseling

Other goals you have for therapy or counseling

Thoughts Discovery

Describe a recent situation where you felt sad or depressed

What you felt? Describe your feelings

What you thought?

What you did?

My Manifestations

What do you want for this year?

Motivation and Inspiration

Visualize your manifestation coming true

I FEEL...

I AM...

I HAVE...

I SEE...

Limiting Beliefs

Action Plan



Goal Planner

Start Date:

End Date:

My Goal

Affirmation Statement or Quote

Action Plans for my Goal

★	
★	
★	
★	
★	
★	
★	
★	
★	
★	
★	
★	

Behavior Tracker

WEEK:

Behavior Tasks	M	T	W	T	F	S	S
	☆	☆	☆	☆	☆	☆	☆
	☆	☆	☆	☆	☆	☆	☆
	☆	☆	☆	☆	☆	☆	☆
	☆	☆	☆	☆	☆	☆	☆
	☆	☆	☆	☆	☆	☆	☆
	☆	☆	☆	☆	☆	☆	☆
	☆	☆	☆	☆	☆	☆	☆
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	☆	☆	☆	☆	☆	☆	☆
	☆	☆	☆	☆	☆	☆	☆
	☆	☆	☆	☆	☆	☆	☆
	☆	☆	☆	☆	☆	☆	☆
	☆	☆	☆	☆	☆	☆	☆

Notes

Doctor Visits

Date	Doctor	Time	Place	Comments

Medication Tracker

DATE	TIME	DOSAGE	MEDICATION	NOTES

Mood Tracker

DATE:

MY ACTIVITY

MY MOOD

[illegible]A 10x8 grid of 80 smiley face icons. Each row contains 8 icons, and there are 10 rows. The icons represent various emotions: neutral (simple smile), love (heart over eye), sad (frown), angry (furrowed brows), surprised (wide open mouth), sleepy (z over eye), sick (sweat drop), and crying (tears). The sequence of icons in each row is: neutral, love, sad, angry, surprised, sleepy, sick, and crying.

Personal Mission Statement

List three people you admire and the traits they possess that you find important.

Person	Traits

Name 3 values that define you	Write down 3 most important things you want to accomplish
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Imagine who you want to become and how you want to be remembered. Write down your vision

Self-Compassion Exercise

Write down a current struggle you're going through in your life

Write down any ways you may be lost in the story line of the situation

Write down any painful feelings you may be having, acknowledge the pain without exaggerating or being dramatic. Use objective and balanced tone

Remind yourself that it is normal to be in situation like this and that many people are probably experiencing feelings similar to yours

Symptoms Tracker

MENTAL SYMPTOMS

M

T

W

T

F

S

S

[illegible]

Symptoms Worksheet

Analyze your Symptoms Tracker. List the symptoms that come and go,
but don't cause much disruption in your life

Now list those that cause a long-term or severe disturbance in your life

List the ways to ease the symptoms

Habit Reversal Worksheet

Write down the habits you'd like to change

New Habit	Old Habit

MOTIVATION

List the things that will help you to motivate and encourage yourself to change old habits

GENERALIZATION

Write down how you plan to practice your habits (in what circumstances, how often, etc.)

☆	☆
☆	☆
☆	☆
☆	☆
☆	☆
☆	☆
☆	☆
☆	☆

Positive Journal

Record 3 positive things each day of the week

MONDAY	TUESDAY	WEDNESDAY

THURSDAY	FRIDAY	SATURDAY

SUNDAY

Safety Contacts

My Contact Information

Name:

Phone:

Address:

Email:

Family member or friend who can help me when I'm in crisis

Name:

Phone:

Address:

Email:

My Doctor's Contact Information

Name:

Phone:

Address:

Email:

My Health Care Information

Preferred Hospital:

Phone:

Address:

Emergency:

Insurance:

Medications and Allergies

Stress Management Worksheet

What causes stress for you?

What do you gain from stress?

What do you lose from stress?

How does stress benefit me?

How does stress hurt me?

What stress management skills do I need to develop?

Daily Emotion Log

DAY:

- | | | |
|---------------------------------|-------------------------------------|-----------------------------------|
| <input type="radio"/> HAPPY | <input type="radio"/> ALERT | <input type="radio"/> HOSTILE |
| <input type="radio"/> CONTENT | <input type="radio"/> ASHAMED | <input type="radio"/> HURT |
| <input type="radio"/> TIRED | <input type="radio"/> AWED | <input type="radio"/> INTERESTED |
| <input type="radio"/> SCARED | <input type="radio"/> CHALLENGED | <input type="radio"/> INSPIRED |
| <input type="radio"/> STRESSED | <input type="radio"/> COMPASSIONATE | <input type="radio"/> JEALOUS |
| <input type="radio"/> BORED | <input type="radio"/> CONFIDENT | <input type="radio"/> LOVED |
| <input type="radio"/> ANXIOUS | <input type="radio"/> CURIOUS | <input type="radio"/> PROUD |
| <input type="radio"/> MOTIVATED | <input type="radio"/> COURAGEOUS | <input type="radio"/> REJECTED |
| <input type="radio"/> SICK | <input type="radio"/> DETERMINED | <input type="radio"/> OVERWHELMED |
| <input type="radio"/> RELAXED | <input type="radio"/> DISAPPOINTED | <input type="radio"/> LOVING |
| <input type="radio"/> SAD | <input type="radio"/> DISTRUSTFUL | <input type="radio"/> STRONG |
| <input type="radio"/> ACTIVE | <input type="radio"/> EMBARRASSED | <input type="radio"/> ACTIVE |
| <input type="radio"/> LONELY | <input type="radio"/> ENVIOUS | <input type="radio"/> LONELY |
| <input type="radio"/> DULL | <input type="radio"/> EXCITED | <input type="radio"/> DULL |
| <input type="radio"/> NORMAL | <input type="radio"/> FRUSTRATED | <input type="radio"/> NORMAL |
| <input type="radio"/> ANGRY | <input type="radio"/> GUILTY | <input type="radio"/> ANGRY |
| <input type="radio"/> NUMB | <input type="radio"/> HELPLESS | <input type="radio"/> NUMB |
| <input type="radio"/> GOOD | <input type="radio"/> HOPELESS | <input type="radio"/> GOOD |

Daily Emotion Log

DAY:

Compare your results with the previous days. Do you notice a pattern?

Write down what triggers certain emotions (people/events)

What kinds of thoughts are you having when you have these emotions?

My Triggers

My Negative Emotions	What triggers them? (events, people, thoughts, situations)

My Positive Emotions	What triggers them? (events, people, thoughts, situations)

Do you notice any patterns?

Identifying Negative Experiences

List some negative experiences you often think about

Write down recurring negative thoughts associated with the experiences mentioned above

Find out if the thoughts you've listed have these characteristics

Thought 1

☐ REPETITIVE ☐ ABSTRACT ☐ UNSHAKABLE
☐ INTRUSIVE ☐ PASSIVE ☐ UNCONTROLLABLE

Thought 2

☐ REPETITIVE ☐ ABSTRACT ☐ UNSHAKABLE
☐ INTRUSIVE ☐ PASSIVE ☐ UNCONTROLLABLE

Thought 3

☐ REPETITIVE ☐ ABSTRACT ☐ UNSHAKABLE
☐ INTRUSIVE ☐ PASSIVE ☐ UNCONTROLLABLE

Anti-depressant Boosters

DAY:

Day	Activity	Results
Morning		
Daytime		
Evening		
Meals		

Your Personal Strengths

Make a list of your big strengths

Make a list of your big strengths

Remember one small thing that makes you unique

Appointments

PLACE:

DATE:

DOCTOR:

Appointment Purpose

Questions to Ask



Doctor's Notes

After Appointment To-Do-List



Positive Affirmations



My Positive Affirmation Statement



Activities Tracker

Activities I love doing at home

Activities I love doing outside

Activities I love doing with others

Activities I am excited to try

Abundance Tracker

Money I have

I am Grateful for...

I Intend to Manifest...

I Will Celebrate My Abundance by...

Positive and Negative Thoughts

POSITIVE	NEGATIVE

POSITIVE	NEGATIVE

POSITIVE	NEGATIVE

POSITIVE	NEGATIVE

Motivating Yourself

When we are struggling with a depressive episode, we often know what we need to do to pull ourselves out of it but lack the motivation. For example, most of us know that exercise has positive implications for mood, however; when it comes taking action we find ourselves stagnant.

Things I can do to pull myself out of a depressive episode:

What benefits come from doing these things?

Ways I can motivate or incentivize myself to do these things:

Mindset Shift

WORRY PATTERN	ANCHOR THOUGHT

Worry Reflections

Identify recurring worry triggers	Describe a recent worry and its impact on you	Reflect on how worrying affects your daily life

Imagine a scenario where you were able to let go of worry and embrace a sense of peace and calm. What steps could you take to move towards that state of mind?



Anxiety Log

Date/ Time	Situation	What Did I Do?	Physical Sensation	Anxiety Rating (1-10)	What Did I Say to Myself?

Thinking Patterns

Thought about WORLD



Thought about FUTURE



Thought about MYSELF



Thought about OTHER



Values Reflection

When we focus on pleasant thoughts, memories, and emotions - it may bring positive feelings and encourage us to bring more of that back to our lives.

When do you feel the most energized?

What brings you the most joy?

When do you feel most like yourself?

What qualities do you admire in others?

What would I do if there were no limitations?

I want to be... adventurous? curious? creative?
kind? authentic?

Therapy Notes

Date: _____ Therapist: _____

Topics Discussed

Summary and Thoughts

Depression Clarity

What triggers it?

Emotion/ Thought

Symptoms

Self- Blame

What Am I Blaming Myself For?

Why should I forgive myself?

The Impact of Depression

Reflect on who you were before experiencing depression. Write down your thoughts and comments about how you felt at that time.

ME NOW

ME BEFORE

Monthly Self-Love Plan

January

TO DO

NOTES

MON TUE WED THU FRI SAT SUN

Monthly Self-Love Plan

February

TO DO

NOTES

MON

TUE

WED

THU

FRI

SAT

SUN

Monthly Self-Love Plan

March

TO DO

NOTES

MON

TUE

WED

THU

FRI

SAT

SUN

Monthly Self-Love Plan

April

TO DO

NOTES

MON

TUE

WED

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Monthly Self-Love Plan

May

TO DO

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Monthly Self-Love Plan

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Monthly Self-Love Plan

August

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Monthly Self-Love Plan

September

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Monthly Self-Love Plan

October

TO DO

NOTES

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Monthly Self-Love Plan

November

TO DO

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MON

TUE

WED

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FRI

SAT

SUN

Monthly Self-Love Plan

December

TO DO

NOTES

MON

TUE

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SUN

To-Do-List

































Important Notes