



Depression and Bipolar
Support Alliance

DBSA Wellness Tracker

Stay well and on track with the
DBSA Wellness Tracker.

The DBSA Wellness Tracker was designed with you in mind. Tracking how you are feeling each day can be helpful to understand your overall mood and state of well being. If you live with depression or bipolar, understanding the changes in your mood, interactions of medications, substance use, nutritional intake, and exercise, will help you gain more insight into what works best for your personal wellness. At DBSA we know wellness is not one-size-fits-all. This wellness tracker was designed to be used in a way that will work best for you; use all of the sheets or just some of them to begin your wellness journey.

Overview of the DBSA Wellness Tracker

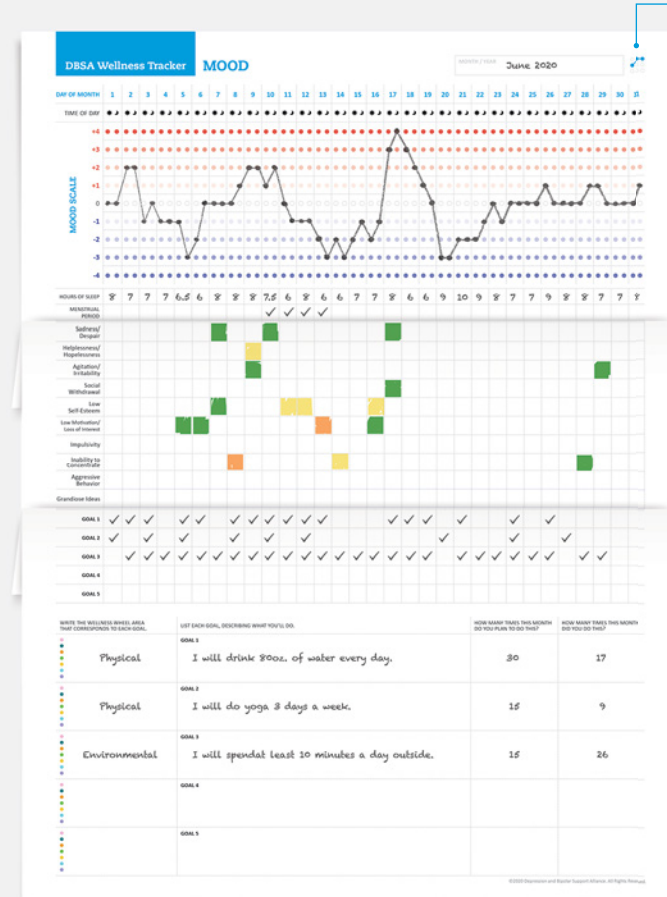
The DBSA Wellness Tracker consists of one main Mood Tracker and seven supporting symptom, behavior, and lifestyle trackers designed to work together to give you an overall picture of your wellness. You can use all the trackers together or choose only those that you need at any given time.

The following section, “How to Use the DBSA Wellness Tracker,” will guide you in recording various aspects of your life using each of the trackers. Each tracker also features an instruction cue icon at the top to help remind you how to use it.

After a month of tracking, you can look for patterns by lining up the non-journal tracker sheets to see everything at once. Place your completed mood tracker down first, then fold the other non-journal trackers you used so they are positioned below the mood tracker, making sure the day columns line up and you can see all the tracked moods, symptoms, behaviors, and lifestyle choices that occurred each day.

The reflection guide on page 9 provides opportunities to journal about what you discovered after tracking for a month.

EXAMPLE COMPLETED TRACKERS



INSTRUCTION CUE ICONS



SHADE CIRCLE & GRAPH

Shade the circles to select a rating and connect the shaded circles to reveal a graph.



SHADE BOX

Shade the box to record that a feeling or event occurred.



CHECK BOX

Check the box to record that a feeling or event occurred.



WRITE

Write a number or journal details about a feeling or event.



SHADE CIRCLE

Shade the circles to select a rating.



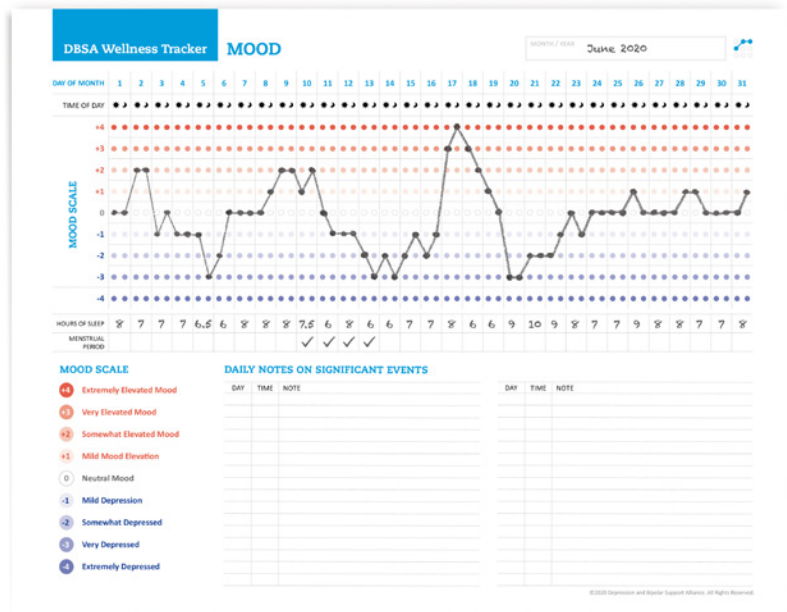
How to use the DBSA Wellness Tracker

MOOD TRACKER

The Mood Tracker allows you to rate and record your mood two times a day (early ☀ and later 🌙). You'll use the Mood Scale numbers, described on the right, to rate your mood each day by shading the circle that corresponds with your mood on that day. At the bottom, you may also want to record notes on any significant events or experiences that later might help you understand a mood rating or pattern.

At the end of the month, you will connect each of your shaded circles with a line to reveal a graph.

Here is an example of how your completed Mood Tracker might look at the end of the month:



MOOD SCALE DESCRIPTIONS

- +4 Extremely Elevated Mood**
Possibility of psychosis or hallucinations, extreme impairment to judgment, little need for sleep, hospitalization could be required.
- +3 Very Elevated Mood**
Impairment to judgment, behavior that is out of character, less need for sleep.
- +2 Somewhat Elevated Mood**
More talkative than usual, sometimes experiencing confusion or rapid thoughts.
- +1 Mild Mood Elevation**
Some difficulty maintaining goal-oriented activity, sleep or routine slightly difficult to maintain.
- 0 Neutral Mood**
Feeling no symptoms of depression or mania.
- 1 Mild Depression**
Some difficulty with maintaining a basic routine, feelings of declining mood.
- 2 Somewhat Depressed**
Difficulty concentrating, feeling lethargic, dwindling motivation, impact on appetite (more or less than normal).
- 3 Very Depressed**
Low mood, with marked difficulty completing tasks or finding motivation, often increased sleeping or symptoms of insomnia.
- 4 Extremely Depressed**
Having no energy or motivation, extreme thinking including potential thoughts of suicide or self-harm, hospitalization could be required.



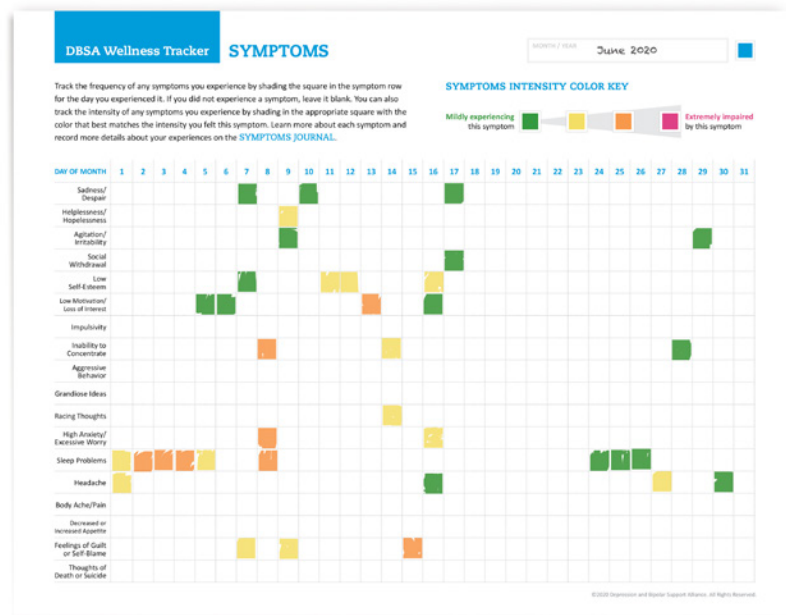
How to use the DBSA Wellness Tracker

SYMPTOMS TRACKER

The Symptoms Tracker helps you discover the frequency and intensity of any mood disorder symptoms you are experiencing in a month. Descriptions of each symptom are described on the right.

Track the frequency of any symptoms you experience by shading the square in the symptom row for the day you experienced that symptom. If you did not experience a symptom, leave that square blank. You can also track the intensity of any symptoms you experience by shading in the square with a color from the Symptoms Intensity Color Key (on the tracker) that best matches the intensity you felt this symptom.

Here is an example of how your completed Symptoms Tracker might look at the end of the month:



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 Ideas

Feeling 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



How to use the DBSA Wellness Tracker

✓ MEDICATIONS & SUPPLEMENTS TRACKER

The Medication & Supplements Tracker helps you record any medications and supplements you take each day. You'll use the bottom of the tracker to list details about your medications and/or supplements and the top to check off those days on which you took the medications and/or supplements. Additionally, you can note your pharmacy information for quick reference.

Here is an example of how your completed Medications & Supplements Tracker might look at the end of the month:

The screenshot shows the 'MEDICATIONS & SUPPLEMENTS' tracker for June 2020. The top section is a grid with columns for each day of the month (1-31) and rows for Medication or Supplement 1 through 10. All cells in this grid contain a checkmark, indicating that all medications and supplements were taken every day. Below the grid is a section for 'PHARMACY', 'ADDRESS', and 'PHONE'. At the bottom, there is a 'MEDICATIONS/SUPPLEMENTS LIST' table and a 'NOTES' section.

NAME OF MEDICATION OR SUPPLEMENT	DOSE	PRESCRIBED BY	HOW IT HELPS	ANY SIDE EFFECTS/NOTICE ANY EFFECTIVENESS?
1 citalopram	20mg	Dr. Hamilton	helps with anxiety	
2				
3				
4				
5				
6				
7				
8				
9				
10				

✓ SUBSTANCE USE TRACKER

The Substance Use Tracker helps you record any substances you use during the month. Check the square in the symptom row for the day you used that substance. You can also use the bottom of the tracker to record additional details about the substance used or how you were feeling.

Here is an example of how your completed Substance Use Tracker might look at the end of the month:

The screenshot shows the 'SUBSTANCE USE' tracker for June 2020. It features a grid with columns for each day of the month (1-31) and rows for ALCOHOL, TOBACCO, MARIJUANA, and RECREATIONAL DRUGS. Checkmarks are present in the grid for ALCOHOL on days 5, 6, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, and 31; MARIJUANA on day 7; and RECREATIONAL DRUGS on day 18. Below the grid is a 'NOTES' section with two columns for 'DAY TIME' and 'LIST SUBSTANCES USED / ANY ADDITIONAL NOTES'.

How to use the DBSA Wellness Tracker

WELLNESS WHEEL GOALS TRACKER

The Wellness Wheel Goals Tracker allows you to track progress on the goals you created on your DBSA Wellness Wheel Goal Planner. Refer to the last page of your completed Goal Planner to select up to 5 goals you'd like to track for the month and write them at the bottom of the tracker. You'll also include how many times you plan to take action on each goal during the month (Daily? Once each week? Twice during the month?). When you take action on a goal, check the day next to that goal on your tracker. At the end of the month, you'll record how many times you took action on each of your goals.

Here is an example of how your completed Wellness Wheel Goals Tracker might look at the end of the month:

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	29	30	31
GOAL 1	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
GOAL 2	✓	✓	✓	✓					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
GOAL 3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
GOAL 4																															
GOAL 5																															

WELLNESS WHEEL AREA THAT CORRESPONDS TO EACH GOAL	LIST EACH GOAL, DESCRIBING WHAT YOU'LL DO	HOW MANY TIMES THIS MONTH DO YOU PLAN TO DO THIS?	HOW MANY TIMES THIS MONTH DID YOU DO THIS?
Physical	GOAL 1 I will drink 80oz. of water every day.	30	17
Physical	GOAL 2 I will do yoga 3 days a week.	15	9
Environmental	GOAL 3 I will spend at least 10 minutes a day outside.	15	26
	GOAL 4		
	GOAL 5		

ABOUT THE DBSA WELLNESS WHEEL

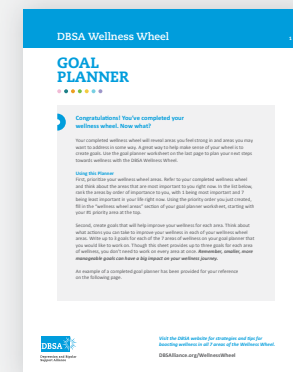
The DBSA Wellness Wheel is an easy-to-use tool that gives you a complete picture of the progress you've already made in your wellness journey. As you create your own wheel, you will see your strengths in perspective and discover ways to move toward the life you want to live.

Learn more at DBSAAlliance.org/WellnessWheel



Download the DBSA Wellness Wheel Workbook at:

DBSAAlliance.org/WellnessWheelWorkbook



Download the DBSA Wellness Wheel Goal Planner at:

DBSAAlliance.org/WellnessWheelGoals



How to use the DBSA Wellness Tracker

PHQ-9 DEPRESSION SCALE

The PHQ-9 is a 9-item self-report screening tool that may help identify symptoms that could relate to depression. Every two weeks, you'll rate how often you've been bothered by the statements in the list, ranging from 0 (not bothered at all) to +3 (bothered nearly every day), by shading the appropriate circle that best describes your experience for that statement.

For each check-in, record the date and your overall score. To find your score, add together the column sums of the rating numbers you shaded for each statement.

SCORING EXAMPLE:

Not at all	Several days	More than half the days	Nearly every day
0	+1	+2	+3
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>0</u>	<u>+4</u>	<u>+2</u>	<u>0</u>
= TOTAL SCORE: 6			

Add the sums from each column to find your total score:

Here is an example of how your completed PHQ-9 Depression Scale might look at the end of the month:

DBSA Wellness Tracker PHQ-9 DEPRESSION SCALE

MONTH / YEAR: June 2020

CHECK IN ON YOUR LEVEL OF WELLNESS
Twice each month, rate how often you've been bothered by the statements in the list, ranging from 0 (not bothered at all) to +3 (bothered nearly every day), by shading the appropriate circle that best describes your experience for that statement.

SCORING
For each check-in, record the check-in date and your overall score by adding together the rating numbers you shaded for each statement.

0-4	Minimal or No Depression
5-9	Mild Depression
10-14	Moderate Depression
15-19	Moderately Severe Depression
20-27	Severe Depression

FIRST CHECK-IN DATE: June 16, 2020 **TOTAL SCORE:** 6 (Add the sums from each column below to find your total score.)

How often have you been bothered by the following over the last two weeks?

	Not at all	Several days	More than half the days	Nearly every day
	0	+1	+2	+3
Little interest or pleasure in doing things.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things such as reading the newspaper or watching television?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people have noticed? Or so fidgety or restless that you have been moving a lot more than usual?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TOTAL SCORE:	<u>0</u>	<u>+4</u>	<u>+2</u>	<u>0</u>
= 6				

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? Not at all difficult Somewhat difficult Very difficult Extremely difficult

SECOND CHECK-IN DATE: June 29, 2020 **TOTAL SCORE:** 3 (Add the sums from each column below to find your total score.)

How often have you been bothered by the following over the last two weeks?

	Not at all	Several days	More than half the days	Nearly every day
	0	+1	+2	+3
Little interest or pleasure in doing things.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things such as reading the newspaper or watching television?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people have noticed? Or so fidgety or restless that you have been moving a lot more than usual?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TOTAL SCORE:	<u>0</u>	<u>+3</u>	<u>0</u>	<u>0</u>
= 3				

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? Not at all difficult Somewhat difficult Very difficult Extremely difficult

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It is important to remember that this is only an assessment and not a diagnosis. It is possible to have this score and still be clinically depressed.



How to use the DBSA Wellness Tracker

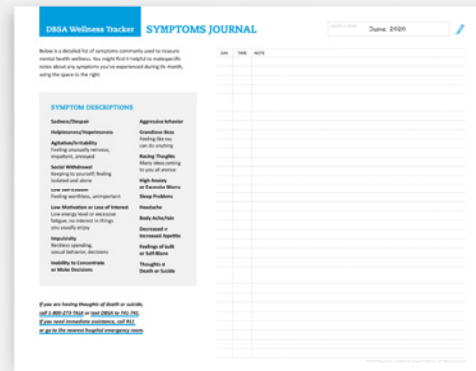
JOURNALS

The Wellness Tracker includes two “journal-style” trackers and a general journal page. Several of the trackers also have note-taking sections for recording relevant details that otherwise wouldn’t be tracked.

The purpose of the journals is to record any significant experiences or details about what you’ve tracked that might later help you interpret your mood graph.

Each journal is described on the right.

JOURNAL PAGES



SYMPTOMS JOURNAL

The Symptoms Journal is designed to be used along with the Symptoms Tracker. This allows you to note additional details about any symptoms you’ve experienced.

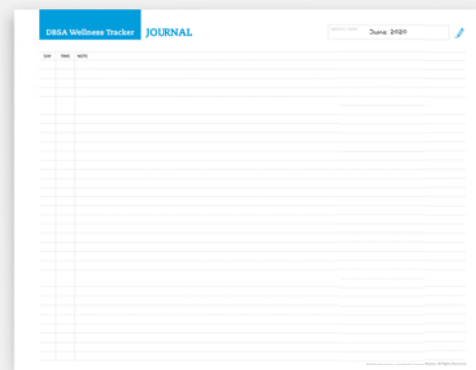


NUTRITION & EXERCISE JOURNAL

The Nutrition & Exercise Tracker is designed as a journal, allowing you to record specific details unique to your own lifestyle. Journal prompts for each area guide your note-taking:

Describe how your NUTRITION choices made you feel today.

If you EXERCISED today, describe what you did and how it made you feel.



JOURNAL

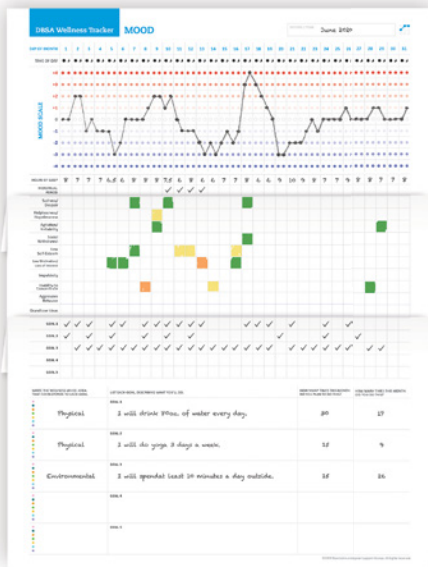
This general journal page has a line for each day of the month and can be used along with any of the other trackers to record additional notes, or used by itself as a monthly free-form journal to record your thoughts.



How to use the DBSA Wellness Tracker

REFLECTION

After you've completed a month of tracking, line up your tracker sheets so you can review the whole month. If you used any of the journals, be sure to have them at hand for reference. Use the reflection prompts at the right to help you interpret the information you tracked.



REFLECTION PROMPTS

1. As you review your mood graph and other data you have tracked, what correlations can you make based on your tracking each day?
2. If you take medications or supplements, were there any side effects or notes of effectiveness?
3. If you are tracking your wellness wheel goals, how did you feel on days when you accomplished a goal?
4. How was your sleep this month? Did you observe any correlations between your sleep and mood?
5. Review any notes you may have taken on your nutritional intake or physical activity. Can you see ways in which these notes correlate to your mood changes throughout the month?





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	29	30	31	
TIME OF DAY	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	☀️ 🌙	
MOOD SCALE	+4	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	
	+3	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●
	+2	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●
	+1	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●	●●●●
	0	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	-1	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	-2	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	-3	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	-4	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
HOURS OF SLEEP																																
MENSTRUAL PERIOD																																

MOOD SCALE

- +4** Extremely Elevated Mood
- +3** Very Elevated Mood
- +2** Somewhat Elevated Mood
- +1** Mild Mood Elevation
- 0** Neutral Mood
- 1** Mild Depression
- 2** Somewhat Depressed
- 3** Very Depressed
- 4** Extremely Depressed

DAILY NOTES ON SIGNIFICANT EVENTS

DAY	TIME	NOTE

DAY	TIME	NOTE



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

Mildly experiencing this symptom



Extremely impaired by this symptom

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	29	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																																	

MONTH / YEAR



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	29	30	31	
Medication or Supplement 1																																
Medication or Supplement 2																																
Medication or Supplement 3																																
Medication or Supplement 4																																
Medication or Supplement 5																																
Medication or Supplement 6																																
Medication or Supplement 7																																
Medication or Supplement 8																																
Medication or Supplement 9																																
Medication or Supplement 10																																

PHARMACY

ADDRESS

PHONE

MEDICATIONS/SUPPLEMENTS LIST

NAME OF MEDICATION OR SUPPLEMENT	DOSE	PRESCRIBED BY	HOW IT HELPS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

NOTES

ANY SIDE EFFECTS? NOTICE ANY EFFECTIVENESS?



Based on what you recorded in your Wellness Wheel Goal Planner, use the bottom table to list **up to five goals*** you'll focus on this month. In the top chart, check off those days in which you took action on your goals. At the end of the month, record the total number of times you took action on each goal in the last column of the bottom table. ***The number of goals you decide to track is personal to you—remember that taking small steps can help make big goals more attainable.**

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	29	30	31
GOAL 1																															
GOAL 2																															
GOAL 3																															
GOAL 4																															
GOAL 5																															

WRITE THE WELLNESS WHEEL AREA THAT CORRESPONDS TO EACH GOAL.	LIST EACH GOAL, DESCRIBING WHAT YOU'LL DO.	HOW MANY TIMES THIS MONTH DO YOU PLAN TO DO THIS?	HOW MANY TIMES THIS MONTH DID YOU DO THIS?
	GOAL 1		
	GOAL 2		
	GOAL 3		
	GOAL 4		
	GOAL 5		

CHECK IN ON YOUR LEVEL OF WELLNESS

Twice each month, rate how often you've been bothered by the statements in the list, ranging from 0 (not bothered at all) to +3 (bothered nearly every day), by shading the appropriate circle that best describes your experience for that statement.

For each check-in, record the check-in date and your overall score by adding together the rating numbers you shaded for each statement.

SCORING

- 0-4 Minimal or No Depression
- 5-9 Mild Depression
- 10-14 Moderate Depression
- 15-19 Moderately Severe Depression
- 20-27 Severe Depression

FIRST CHECK-IN DATE: _____

TOTAL SCORE: _____ *(Add the sums from each column below to find your total score.)*

How often have you been bothered by the following over the last two weeks?

	Not at all 0	Several days +1	More than half the days +2	Nearly every day +3	
Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble falling or staying asleep, or sleeping too much?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling tired or having little energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Poor appetite or overeating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble concentrating on things such as reading the newspaper or watching television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Moving or speaking so slowly that other people have noticed? Or so fidgety or restless that you have been moving a lot more than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

TOTAL SCORE:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not at all difficult Somewhat difficult Very difficult Extremely difficult

_____ + _____ + _____ + _____ = _____

SECOND CHECK-IN DATE: _____

TOTAL SCORE: _____ *(Add the sums from each column below to find your total score.)*

How often have you been bothered by the following over the last two weeks?

	Not at all 0	Several days +1	More than half the days +2	Nearly every day +3	
Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble falling or staying asleep, or sleeping too much?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling tired or having little energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Poor appetite or overeating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble concentrating on things such as reading the newspaper or watching television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Moving or speaking so slowly that other people have noticed? Or so fidgety or restless that you have been moving a lot more than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

TOTAL SCORE:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not at all difficult Somewhat difficult Very difficult Extremely difficult

_____ + _____ + _____ + _____ = _____

