



Depression-Anxiety Daily Symptom Chart

Name: _____

Month: _____

Instructions: Track the intensity of your key depression-anxiety symptoms using the scale on the right for each day of the month. On days with significantly more / less severe symptoms record key events or relational changes on the back of this page.

Example:

None	Mild	Moderate	Severe
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>

Shade cells

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	
Down Mood Sadness/Unexpected Crying	3																																
	2																																
	1																																
Worry / Anxious Thoughts	3																																
	2																																
	1																																
Inability to Enjoy Normal Pleasures	3																																
	2																																
	1																																
Difficulty Concentrating	3																																
	2																																
	1																																
Discouragement or Sense of Worthlessness	3																																
	2																																
	1																																
Overwhelmed by Life or Emotions	3																																
	2																																
	1																																
Racing Thoughts or Sense of Panic	3																																
	2																																
	1																																
Numb Towards Life	3																																
	2																																
	1																																
Arranging Life in Unhealthy Ways to Avoid Things	3																																
	2																																
	1																																
Manic Symptoms	3																																
	2																																
	1																																
Obsessive-Compulsive Patterns	3																																
	2																																
	1																																
Traumatic Responses	3																																
	2																																
	1																																
Social Anxiety	3																																
	2																																
	1																																
Other:	3																																
	2																																
	1																																