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	3	3	3
2	2	2	2
1	1	1	1

Shade cells

Day of the 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	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																															