

# SYMPTOM MONITORING

Each day, use the record sheet below and tick (✓) to indicate if you have experienced any of the symptoms listed in the table below, in a way that they have **interfered with most of your day-to-day activities**. You might also want to record any observations you may have about the circumstances in which you experienced these symptoms.



	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date:							
Depressed mood							
Loss of interest or pleasure							
Increase or decrease in appetite							
Unable to sleep or sleep too much							
Physically agitated or slowed down							
Fatigue or loss of energy							
Feeling worthless or guilty							
Unable to concentrate or make decisions							
Thoughts of death or suicide							
Elevated or irritable mood							
Increased self-esteem or self-confidence							
Decreased need for sleep							
More talkative than usual							
Racing thoughts							
Easily distracted							
Increase in goal-directed activity							
Overly eager to engage in pleasurable activities							

**Circumstances in which I experienced these symptoms:**

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