Name: _____ **Month:** _____ **Year:** _____

DAYS	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
Horrible, the hospital																															
Extremely depressed, hopelessly not functioning																															
Not much better, barely functioning																															
Markedly depressed																															
Low level functioning																															
Mildly depressed																															
Slightly depressed																															
Feeling good, getting by																															
Not depressed but a little worried																															
Happy with no worries																															
Satisfied functional																															
Up starting to feel stable																															
Feeling okay pretty good actually hopeful																															
Great very happy, things are good																															
Life is good																															
Feeling competent																															