Totality PEDIATRICS

# Depression Tracker

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 LEVEL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Low | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OTHER SYMPTOMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fatigue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No Appetite | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overeating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Repeated Thoughts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unmotivated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Irritable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lack of Concentration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anxiety | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Isolating self from others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thoughts of death/suicide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feeling hopless | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feeling worthless | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indecisive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SLEEP & WEIGHT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours of Sleep | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weight gain or loss | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |