_ .			
Date:	/	/	-

Mood Tracker

Enter information in a new entry each week to keep track of your symptoms, feelings, and overall progress. Be sure to share it with your healthcare professional.

The following statements explore whether you may be experiencing common symptoms of seasonal affective disorder as presented by the National Institute of Mental Health. Please talk to your healthcare professional about any symptoms of depression you may be having.

Overall Feeling/Mood (1 to 10):	1	2	3	4	5	6	7	8	9	10			
	(1 if feeling your worst, 10 if feeling your best)												
Answer the statements with one of the following: Always / Usually / Sometimes / Never							Alm	ays	JSI	ally s	ometimes N	ever	
I've lost interest in doing things I used to enjoy.													
I am able to concentrate on my daily tasks and resp	onsib	oilitie	s.										
I have trouble sleeping, or I sleep too much.													
I have almost no interest in doing things.													
I am tired and have no energy.													
I have no appetite, or I am overeating.													
I feel hopeless/worthless.													
I am often anxious, restless, or agitated.													
I feel depressed most of the day, almost every day.													

Current symptoms (list all mental health or physical ailments):

Are there certain times or seasons during the year when you feel these symptoms? If so, when:

The above tracker is designed to help start a discussion with a healthcare professional. Any diagnosis should be made by a healthcare professional.

BAUSCH-Health

I

© 2023 Bausch Health Companies Inc. or its affiliates.