

Emotional Symptoms

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Sad																		
Hopeless																		
Irritable																		
Feeling Inadequate																		
Isolation																		
Lack of interest in hobbies																		
Anxious																		
Crying																		

Severe Moderate Minor None

Physical Symptoms

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Change in appetite																		
Insomnia																		
Hypersomnia																		
Fatigue																		
Headache																		
Muscle aches																		
Abdominal pain																		
Hazy vision																		

Severe Moderate Minor None

Date	Time
Events that occurred previously <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overall Feelings
Reaction	

Date	Time
Events that occurred previously <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overall Feelings
Reaction	

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Reaction	

daily goals

Date	Daily Goal	★
	Affirmation	

Date	Daily Goal	★
	Affirmation	

Date	Daily Goal	★
	Affirmation	

Date	Daily Goal	★
	Affirmation	

Date	Daily Goal	★
	Affirmation	

Date	Daily Goal	★
	Affirmation	

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	Affirmation	

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	Affirmation	

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	Affirmation	

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	Affirmation	

Date	Daily Goal	★
	Affirmation	

Date	Daily Goal	★
	Affirmation	

