


Weekly Mood Chart – Depression Monitoring

Name:

Age :

 **Daily Mood & Symptom Log**

Day	Mood (1–10)	Sleep (hrs)	Took Medication (✓ / ✗)	Energy Level (1–10)	Key Notes (Triggers/Events/Relief)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Weekly Reflection

1. Best moment or helpful activity this week:

2. Worsening factor or major stressor this week:

3. Any suicidal thoughts? If yes, how did you cope or whom did you reach out to?
☐ No ☐ Yes – Handled with: _____


 **Provided with care by**

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