	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			
	Severe	Significant impairment Not able to work																																		
ELEVATED																																				
	Moderate	Significant impairment Able to work																																		
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NORMAL	NORMAL																																			
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	Mild	Without significant impairment																																		
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DEPRESSED	Moderate	Significant impairment Able to work																																		
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	Severe	Significant impairment Not able to work																																		
	Anxiety	0=None 1=Mild																																		
	Irritabilit																																			
	Weight o	n day 28																																		
	Hours sle	ept																																		
	Medicati	ion (name/mg)																																		
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DAILY NOTES

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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
Medication (name/mg)																															