

Checklist to Track Your Mental Health

Use the below checklist to help you talk with your provider.

Check the boxes that best match your feelings over the past 2 weeks. Take it with you when you talk with your providers.

In the past 2 weeks (14 days) how often have you:	No days	A few days	More than a week (7 days)	Every day
Felt sad, "down", or low?				
Felt more tired than usual, or have less energy in the day?				
Felt upset or annoyed at small things?				
Not felt hungry or ate too much?				
Felt worried you might hurt yourself or like you wanted to die?				
Had trouble enjoying things that used to be fun?				
Felt like you have no one to talk to?				
Felt worthless or hopeless?				
Had a hard time sleeping or slept too much?				
Felt worried or scared that something bad might happen?				
Not been able to stop or control worrying?				
Felt nervous, anxious or on edge?				