



My 30-Day Tracker | For Depression

Are you on an antidepressant but still experiencing symptoms of depression?

It may be **time to check in with your provider (Doctor, NP, PA)** and discuss how you're feeling.

Use the questions on the next page of this tracker to summarize your symptoms over the next month. Then send this form to your provider so they can review it and work with you to figure out if a treatment change is needed.

Background Information

Name: _____

Current antidepressant(s): _____

Dose: _____

Start Date: _____

Since my last visit, I have experienced a key life event (eg, fight with or loss of a loved one, job loss, housing insecurity, etc.):

If yes, what was the event?

When did this occur?

Did you know?

You are not alone on your journey. 21 million adults are affected by major depressive disorder (also known as depression).*

*Estimated in a 2020 survey.

How Do I Define My Mental Wellness?

Goals

Use this space to enter your treatment goals for the month, questions for your healthcare provider, or any other thoughts you want to share with them at your next appointment.

My Accountability Partner

Person who will keep me accountable for filling out my 30-day progress.

Name: _____

Name: _____

Date of Next Appointment: _____

 **Stay on track:** Make your 30-Day Tracker part of your daily routine, such as when you take your medicine, when you eat breakfast, or before you go to bed.

Tracker start date: _____

Place a check mark on the days when you experience the following symptoms.

Tracker end date: _____

	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
Feeling sad																														
Loss of interest in enjoyable things																														
Feeling nothing or just existing																														
Feeling tired or having little energy																														
Lack of motivation																														
Moving/speaking more slowly																														
Moving/speaking more quickly																														
Difficulty concentrating or thinking																														
Changes in appetite (eating habits)																														
Changes in sleep habits																														
Feeling anxious or overwhelmed																														
Feeling worthless or low mood (not feeling like myself)																														
Thoughts of suicide																														
Feeling withdrawn at social events																														
Feeling lonely or isolating myself																														
Symptom I want to log (write in):																														

Adapted from the *Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) (DSM-5)* developed by the American Psychiatric Association.

Sleep Tracker

	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	
Enter the number of hours you sleep each night.																															

Make note of changes in sleep, including daytime sleeping and napping, in the tracker above.

Over the last 30 days have you: Felt irritable Yes No

Experienced sexual dysfunction or loss of pleasure Yes No

Weight Tracker

Enter your weight at the start and end of the month.

Day 1: _____ Day 30: _____



If you're feeling suicidal or just need to talk, call or text the National Suicide Prevention Lifeline at 988.*

*AbbVie does not review or control the content of this hotline, and AbbVie makes no guarantee that using the hotline will result in your desired outcome. This does not constitute an endorsement by AbbVie.