

**DEPRESSION SPECTRUM-1 SUPPLEMENT**

Name \_\_\_\_\_

Please complete these sentences with one or more answers. Date \_\_\_\_\_

If there is one word to describe how you feel, what would it be? \_\_\_\_\_

If there is one thing that would make your life better, what would it be? \_\_\_\_\_

If you take medications, how consistent are you? \_\_\_\_\_

Please take a moment and make a line which roughly traces your level of depression on each of the three graphs. Try to remember your highest highs and lowest lows. Your graph does not have to be perfect for it to be useful to both you and your provider to better understand the circumstances that coincide with your mood conditions.

**One Week Profile**

Very Happy											T O D A Y
Average											
Depressed											

**One Year Profile**

Very Happy																							T O D A Y	
Average																								
Depressed																								

Depression Spectrum-1 Supplement *continues on page 2.*

