

Patient Name: _____ **Month/Year:** _____

[illegible]

Instructions

Every evening, rate the symptoms listed below on a scale of **1 to 6**.

1 - None: I feel like my "normal" self.

2-3 - Mild: I feel the symptom, but I can manage my day-to-day tasks.

4-5 - Moderate: This is affecting my productivity or how I interact with others.

6 - Severe: Extreme distress; I am unable to function or feel in crisis.