

SELF-CARE AND SYMPTOM MONITORING CARD

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NAME _____
DATE, FROM _____ TO _____

This card is to help you understand better your symptoms and the effectiveness of the skills you are learning and practicing. I recommend fill in the card daily, focusing on the most prominent feeling or behavior you had. Write under the table if you had more than one significant incidents.

	Anxiety (0-10)	Depression (0-10)	Anger (0-10)	Self-Harm (0-10)	Alcohol-Drug Use Y/N	Sleep (h)	Quality of Nutrition (0-10)	Exercise/Physical Activity (type-min)
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

SKILLS LOG

Mark the skills you used every day, including if it helped with your symptoms by using the following letters

VM= Helped Very Much **H=** Helped **NC=** No Change **W=** Worse

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Formal Meditation							
Informal Meditation							
Lovingkindness							
Guided Imagery							
Shaking-Chaotic Breathing							
Stretching							
Prayer							
Cognitive Exercise							
Crisis Plan							
Behavioral Analysis							
AA/NA/AI-Non							
Hobbie							
Journaling							
Exercise							
Diet							