

Year:
Month:

day 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 31

Did you take
your meds?

✓/✗

0 0

How much
water have
you had?

1L
2L
3L
4L

1L
2L
3L
4L

1L
2L
3L
4L

How much
sleep have
you had?

3h
6h
9h
12h

3h
6h
9h
12h

3h
6h
9h
12h

Assess your
anxiety level!

high

low

□ □

Did you
self-harm?

0/0

□ □

Rate your
day!

best

worst

best
worst