# Tracking Benefits of Your Medication

**Medication Name:** Zoloft  
**Treatment Purpose:** Depression

**Date Medication Started:** Beginning of Fall semester

<table>
<thead>
<tr>
<th>My Symptoms</th>
<th>Before Treatment</th>
<th>After Treatment</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Severity</td>
<td>Frequency</td>
</tr>
</tbody>
</table>
| Difficulty sleeping | Nearly every night (2-3 hours to fall asleep) | Very mild  
Mild  
Somewhat mild  
Severe  
Very severe | Approximately 3x per week (45-60 minutes to fall asleep) | Very mild  
Mild  
Severe  
Very severe | No improvement  
Very little improvement  
Little improvement  
Some improvement  
Much improvement  
Very much improvement |
| Feeling sad       | Every day for most of the day | Very mild  
Mild  
Somewhat mild  
Severe  
Very severe | A couple of days per week for a few hours | Very mild  
Mild  
Severe  
Very severe | No improvement  
Very little improvement  
Little improvement  
Some improvement  
Much improvement  
Very much improvement |
<table>
<thead>
<tr>
<th>Very mild</th>
<th>Mild</th>
<th>Somewhat mild</th>
<th>Somewhat severe</th>
<th>Severe</th>
<th>Very severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Very little improvement</td>
<td>Little improvement</td>
<td>Some improvement</td>
<td>Much improvement</td>
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