

Tracking Benefits of Your Medication

Medication Name: Zoloft

Treatment Purpose: Depression

Date Medication Started: Beginning of Fall semester

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

		<input type="checkbox"/> Very mild <input type="checkbox"/> Mild <input type="checkbox"/> Somewhat mild <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Severe <input type="checkbox"/> Very severe		<input type="checkbox"/> Very mild <input type="checkbox"/> Mild <input type="checkbox"/> Somewhat mild <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Severe <input type="checkbox"/> Very severe	<input type="checkbox"/> No improvement <input type="checkbox"/> Very little improvement <input type="checkbox"/> Little improvement <input type="checkbox"/> Some improvement <input type="checkbox"/> Much improvement <input type="checkbox"/> Very much improvement
		<input type="checkbox"/> Very mild <input type="checkbox"/> Mild <input type="checkbox"/> Somewhat mild <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Severe <input type="checkbox"/> Very severe		<input type="checkbox"/> Very mild <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Somewhat mild <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Very severe	<input type="checkbox"/> No improvement <input type="checkbox"/> Very little improvement <input type="checkbox"/> Little improvement <input type="checkbox"/> Some improvement <input type="checkbox"/> Much improvement <input type="checkbox"/> Very much improvement
		<input type="checkbox"/> Very mild <input type="checkbox"/> Mild <input type="checkbox"/> Somewhat mild <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Severe <input type="checkbox"/> Very severe		<input type="checkbox"/> Very mild <input type="checkbox"/> Mild <input type="checkbox"/> Somewhat mild <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Severe <input type="checkbox"/> Very severe	<input type="checkbox"/> No improvement <input type="checkbox"/> Very little improvement <input type="checkbox"/> Little improvement <input type="checkbox"/> Some improvement <input type="checkbox"/> Much improvement <input type="checkbox"/> Very much improvement

For More Information

University of Michigan Depression Center
1-800-475-MICH or 734-936-4400

www.campusmindworks.org/

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