

Tracking Benefits of Your Medication

Medication Name: _____ Treatment Purpose: _____

Date Medication Started: _____

Before Treatment		After Treatment		Improvement	
My Symptoms	Frequency	Severity	Frequency	Severity	Amount
		<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 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 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 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 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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