Depression Tracking Form			
Day/Situation • What led to the unpleasant emotion? • What distressing physical sensations did you have?	*Catch it!* ***Identify Negative Thought*** What thought/s or image/s went through your mind? • How much did you believe the thought at the time (0-100%)?	*Check it!* ***Effect on your depression/mood***	*Challenge It!* ***Positive/balance coping statement*** • What counter-thought/s or image/s can be used to challenge your negative thought? • How much do you believe each response (0 -100%)?
E.g. Stress at work causes me to be depressed. *I get headaches, back pain and chest pain with all this stress.*	*E.g. I'm so down that I don't want to leave the house.* *I believed this thought 80% at the time*	Helpful or Harmful	*E.g. I am thankful that I have a job and an income and am excited to go to work.* *E.g. My circumstances and situations don't define me.* *E.g. I am powerful, I am worthy, I am whole.*
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