

UNIVERSITY OF MICHIGAN DEPRESSION CENTER

Comprehensive Daily Self Care Log

www.DepressionToolkit.org

Date: __Tues, 5/19_

This tool is intended to help you summarize several components of your self-care program. Space is provided for recording information about daily nutrition, exercise, sleep and medication, and for tracking your mood, symptoms and daily goals.

The f	ood choices I made today:
8 am	Coffee w/cream, 2 slices wheat
	Toast w/low fat marg & jelly
	Apple slices
10 am	Coffee w/cream, banana
12:30 pm	Salad - lettuce, tomato, cuke,
	Low fat dressing
	Slíced chícken breast
	1 cup veg soup
Зрш	Granola bar
5:30 pm	Broiled whitefish
	Cauliflower
	Dinner roll w/low fat marg
	Diet soda
8 pm	Low fat frozen yogurt

Did I eat a balanced diet today?

Fruits & Veggies XXXXX Dairy××□ Lean Protein××××□ Whole Grainsxxxxxx Fats/Oilsxxx

Today's physical	activity:	be	Notes: How did I feel fore/during/after activity?
Activity/ # minutes	_walked the dog	_30 mín	hard tíme waking up, but felt better after we got out on our walk
Activity / # minutes	short walk at work	_10 mín	good to get some fresh air Felt much less stressed after
Activity / # minutes	yoga vídeo	_30 mín	stressed before, relaxed after!

My medications for today:

	dose taken
Rx #1 <u>Celexa</u>	ХПП
Rx #2 <u>Trazodone</u>	X П П
Rx #3 <u>Lithium</u>	XX
Rx #4 Klonopín	
RX #5	
Rx #6	
Rx #7	

My sleep record:

My sleep target: 7 hours

Actual bedtime last night: 11:30 pm

Estimated hours slept

last night: 6 hrs

Target bedtime tonight: 10:30 pm

My goals for today: get to work on time, take my meds on time, don't get too stressed about my project at work

My end-of-day recap: I managed to stay cool at work, used exercise to relieve stress.

My goals for tomorrow: eat more protein, make a meal ahead for the next day, do the yoga tape again, turn off the TV and get in bed!



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Whole Grains □ □ Fats/Oils □ □ □			

Today's physical	activity:	Notes: How did I feel before/during/after activity?
Activity/ # minutes		<u> </u>
Activity / # minutes		
Activity / # minutes	_	
My medications	for today:	My sleep record:
D., 41	dose taken	My sleep target:
Rx #1 Rx #2		7
Rx #3		Actual bedtime last night:
Rx #4		Estimated hours slept
RX #5		last night:
Rx #6		
Rx #7		Target bedtime tonight:
My goals for tod	ay:	
My end-of-day r		