

Name								_Month											_Year															
DAYS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Severe	Significant impairment Not able to work																																	
Moderate	Significant impairment Able to work								Г																									
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Mild	Without significant impairment								Г																									
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Mild	Without significant impairment								Г																									
Moderate	Significant impairment Able to work																																	
Severe	Significant impairment Not able to work																																	
Anxiety	0=None 1=Mild																													П				
Irritabili																														П				
Weight o	on day 28																																	
Hours sl	ept																						П							П				
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Medicat	ion (name/mg)																																	
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DAILY NOTES

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Medication (name/mg)																															
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