

DEPRESSIVE SYMPTOMS WORKSHEET



Depressive symptoms can be grouped into 3 possible categories. Some symptoms are of the physiological type, which are those that have something to do with physical sensations or your physical body, for example: insomnia, poor appetite, or low energy levels. Some symptoms are of the cognitive (thoughts) and affective (emotions) type, such as: thoughts of suicide, hopelessness, feeling sad and crying. The third category of symptoms is related to how you act and behave, for example: staying in bed, not going out, avoiding people.

What do **YOU** experience, when you are depressed?

PHYSIOLOGICAL	COGNITIVE/ AFFECTIVE	BEHAVIOURAL
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Thinking

Social Activities

Pleasant Activities

Healthy



Exercise

Relaxation

ME

Self-Care

Social Support

Goals

Core Beliefs Worksheet

Core belief to be challenged:

Experiences that show that this belief is not COMPLETELY true ALL the time:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Balanced core belief:

Core belief to be tested:

Task/s:

Prediction:

What actually happened:

Conclusion:

Balanced core belief:

Behavioural Activation Worksheet

FUN & ACHIEVEMENT

One simple way of combating depression is to prescribe some fun for yourself. By engaging in some simple, pleasant activities, you can actually improve your mood and your energy level. Try it and see!



You may also want to engage in some simple tasks or responsibilities that you have neglected for some time. Often, accomplishing tasks can improve your motivation and give you a sense of achievement. Start with tasks that are simple and achievable. BUT remember that it is important to **BALANCE** both responsibilities and pleasurable activities. Try not to go overboard on one and leave out the other.

Use the following rating scale to rate your depression, pleasant feelings, and sense of achievement **BEFORE** and **AFTER** the activity.

0	1	2	3	4	5	6	7	8
Absolutely None	Minimal	Slight	Mild	Moderate	Much	Higher	Very High	Extreme

		Depression	Pleasure	Achievement
<div style="border: 1px solid black; padding: 5px; min-height: 60px;">Activity & Date:</div>	Before:	_____	_____	_____
	After:	_____	_____	_____
<div style="border: 1px solid black; padding: 5px; min-height: 60px;">Activity & Date:</div>	Before:	_____	_____	_____
	After:	_____	_____	_____
<div style="border: 1px solid black; padding: 5px; min-height: 60px;">Activity & Date:</div>	Before:	_____	_____	_____
	After:	_____	_____	_____
<div style="border: 1px solid black; padding: 5px; min-height: 60px;">Activity & Date:</div>	Before:	_____	_____	_____
	After:	_____	_____	_____

What did you notice about yourself?

Goal Setting

Date: _____

Think back to the last 3 to 6 months. Ask yourself, “What have I achieved or done well at? Can I do better in some areas?”

What I have achieved (or done well) in the last 3 to 6 months	Some areas for improvement



Set some goals for yourself for the next 3 to 6 months. Be specific. What would you like to achieve? What would you like to see happening in your life? How would you like to change? *(Remember to make your goals realistic — that means that they should be achievable within the time frame you have set).*

Goals:

Thought Diary ³

A Activating Event

This may include an actual event or situation, a thought, mental picture or physical trigger.

B Beliefs

1. List all self-statements that link A to C. Ask yourself: "What was I thinking?" "What was I saying to myself?" "What was going through my head at the time?"
2. Find the most distressing (hot) thought and underline it.
3. Rate how much you believe this thought between 0 to 100.

C Consequences

1. Write down words describing how you feel.
2. Underline the one that is most associated with the activating event
3. Rate the intensity of this feeling between 0 to 100.

Unhelpful Thinking Styles

Do you recognise any unhelpful thinking styles you might have been using? (Mental filter, jumping to conclusions, personalisation, catastrophising, black & white thinking, shoulding & musting, overgeneralisation, labelling, emotional reasoning, disqualifying/ignoring positives)

4. Jot down any physical sensations you experienced or actions carried out.

D Detective Work & Disputation

Detective Work: Now refer to the hot thought, and ask yourself, “What is the factual evidence for and against my hot thought?”

My HOT Thought:	
Factual Evidence For My HOT Thought	Factual Evidence Against My HOT Thought

Disputation: Ask yourself the following questions ...

- What other ways are there of viewing the situation?
- If I were not feeling this way, how would I view the situation?
- Realistically, what is the likelihood of that happening?
- How might someone else view the situation?
- Does it really help me to think this way?
- Think of some helpful self-statements

E End Result

Balanced Thoughts: After looking at all the evidence for and against your hot thought, and having considered the disputation questions, replace the hot thought with helpful, balanced thought/s.

Re-rate Emotion: Now, re-rate the emotion you underlined in C, from 0 to 100. _____

Re-rate Hot Thought: Read through Detective Work & Disputation. Now re-rate how much you believe the hot thought, between 0 to 100. _____

Making the Connection

Part One

Instructions: Read the following scenarios and identify the feelings that may result from the self-statements.

SCENARIO 1:

You've had a rather long and tiring day at work where you were helping a colleague move boxes of stationery and office equipment. You arrive home to find the front door ajar and two sets of muddy footprints (your son's and his dog's) on your cream-coloured carpet leading from the front door all the way to the back door.

A) You say to yourself:

"What! N@!^#*M!! I've had such a tiring day at work and now I come home to this!!!! What have I done to deserve this! We just had the carpet cleaned last week! That naughty boy! All he cares about is himself! That inconsiderate, selfish brat! I'm gonna ground him for 2 years!!!"

Possible Feelings:

B) You say to yourself:

"I've told him a thousand times not to bring the dog into the house and he never listens to me. My kids don't obey even the simplest instructions. I must be the worst mother in the world. If I can't even get this right, I must be a terrible failure."

Possible Feelings:

SCENARIO 2:

One evening, your parents ask you to go over to their house for dinner. As you arrive, you noticed that it was all dark and there were no lights on. You knock on the door and ring the doorbell but no one comes to answer the door. You turn the doorknob and find that the door is unlocked. You step in and find that the house is in total darkness. Suddenly, you hear a chorus of voices shouting, "Surprise!" The lights come on and you see a group of your friends and relatives singing "Happy Birthday" to you.

You say to yourself:

"Wow! I didn't even remember that it was my birthday! What a really nice surprise! Hey, even uncle James and aunt Bertha came and they live in the country! Everyone must think I'm pretty important to throw me this party!"

Possible Feelings:

Part Two

Instructions: Read the following scenarios and now fill in the self-statements that lead to the feelings experienced.

SCENARIO 1:

You arrive home to find a note from your flatmate telling you that they have moved out. You look around and find that everything that belongs to them is gone. Moreover, their share of the rent has not been paid.

A) You say to yourself:

Feelings:

Angry

B) You say to yourself:

Feelings:

Hurt

SCENARIO 2:

You just finished cooking dinner for you and your partner. Your partner calls to say that he/she will not be home for dinner because he/she has to work late.

A) You say to yourself:

Feelings:

Disappointed

B) You say to yourself:

Feelings:

Concerned

Weekly Goals Record

Name: _____

Signature: _____

TASKS TO BE COMPLETED	How often?	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:	Saturday Date:	Sunday Date:	Done? Y/N	Impact? 0-4
Reading		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Calming Technique		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thought Diaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pleasant Events		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Exposure tasks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other behavioural goals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

WEEKLY ACTIVITY SCHEDULE

Week Beginning: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
8 to 9 am							
9 to 10							
10 to 11							
11 to 12 pm							
12 to 1							
1 to 2							
2 to 3							
3 to 4							
4 to 5							
5 to 6							
6 to 7							
7 to 8							
8 to 10							
10 to 12 am							

WEEKLY ACTIVITY SCHEDULE

Week Beginning: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6 to 8 am							
8 to 10							
10 to 12 pm							
12 to 2							
2 to 4							
4 to 6							
6 to 8							
8 to 10							
10 to 12 am							

WEEKLY ACTIVITY SCHEDULE

Week Beginning: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Weekly Activity Schedule



Use the schedule below to plan your activities for the coming week. Make sure you balance fun and pleasurable activities with your daily responsibilities and duties.

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
8 to 9am							
9 to 10							
10 to 11							
11 to 12pm							
12 to 1							
1 to 2							
2 to 3							
3 to 4							
4 to 5							
5 to 6							
6 to 7							
7 to 8							
8 to 10							
10 to 12 am							