

NAME:

MENTAL HEALTH LOG

Date	Symptoms: 1- Depressed; 2- Anxious; 3- Suspicious; 4- Trouble Sleeping; 5- Suicidal Thoughts; 6- Homicidal Thoughts; 7- Rituals Interfere w/ Routine Activities; 8- Neglect of Personal Appearance/Hygiene; 9- Memory Loss	Panic Attack [Y/N]	Unprovoked Irritability 1- Violent 2- Non-Violent	Symptoms Experienced (daily notes)
EXAMPLE	1, 5, 6, 9	Y	1	EXAMPLE: I had a severe panic attack today. It prevented me from going to the grocery store. I struggled to breath and practiced my controlled breathing techniques. Woke up in middle of night from horrible nightmare and walked around my house to ensure things were in order. Struggled to fall back asleep. Got in fight with wife. She left and went to her sisters.

Signature:

Date:

NAME:

MENTAL HEALTH LOG

Date	Symptoms: 1- Depressed; 2- Anxious; 3- Suspicious; 4- Trouble Sleeping; 5- Suicidal Thoughts; 6- Homicidal Thoughts; 7- Rituals Interfere w/ Routine Activities; 8- Neglect of Personal Appearance/Hygiene; 9- Memory Loss	Panic Attack [Y/N]	Unprovoked Irritability 1- Violent 2- Non-Violent	Symptoms Experienced (daily notes)

Signature:

Date:

NAME:

MENTAL HEALTH LOG

Date	Symptoms: 1- Depressed; 2- Anxious; 3- Suspicious; 4- Trouble Sleeping; 5- Suicidal Thoughts; 6- Homicidal Thoughts; 7- Rituals Interfere w/ Routine Activities; 8- Neglect of Personal Appearance/Hygiene; 9- Memory Loss	Panic Attack [Y/N]	Unprovoked Irritability 1- Violent 2- Non-Violent	Symptoms Experienced (daily notes)

Signature:

Date:

NAME:

MENTAL HEALTH LOG

Date	Symptoms: 1- Depressed; 2- Anxious; 3- Suspicious; 4- Trouble Sleeping; 5- Suicidal Thoughts; 6- Homicidal Thoughts; 7- Rituals Interfere w/ Routine Activities; 8- Neglect of Personal Appearance/Hygiene; 9- Memory Loss	Panic Attack [Y/N]	Unprovoked Irritability 1- Violent 2- Non-Violent	Symptoms Experienced (daily notes)

Signature:

Date:

NAME:

MENTAL HEALTH LOG

Date	Symptoms: 1- Depressed; 2- Anxious; 3- Suspicious; 4- Trouble Sleeping; 5- Suicidal Thoughts; 6- Homicidal Thoughts; 7- Rituals Interfere w/ Routine Activities; 8- Neglect of Personal Appearance/Hygiene; 9- Memory Loss	Panic Attack [Y/N]	Unprovoked Irritability 1- Violent 2- Non-Violent	Symptoms Experienced (daily notes)

Signature:

Date:

RATING CRITERIA FOR RESPECTIVE EVALUATIONS

100 PERCENT:

Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name.

70 PERCENT:

Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a work-like setting); inability to establish and maintain effective relationships.

50 PERCENT:

Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships.

30 PERCENT:

Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events).

10 PERCENT

Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or symptoms controlled by continuous medication.

0 PERCENT

A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication.

NOTE: These are the mental health symptoms associated with corresponding disability evaluations. In general, you need symptoms at the respective evaluation to qualify for such. If these symptoms are experienced, you will want to list them in the “notes” section of the mental health log. Please keep in mind the listed symptoms are not exhaustive. All symptoms you associate with your mental health condition should be listed in the notes section even if it’s not listed.