Name _____ **Month** _____ **Year** _____

BEAM

	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
ELEVATED	**Severe** Significant impairment Not able to work																															
	Moderate Significant impairment Able to work																															
	Mild Without significant impairment																															
NORMAL																																
	NORMAL																															
	Mild Without significant impairment																															
DEPRESSED																																
	Moderate Significant impairment Able to work																															
	Severe Significant impairment Not able to work																															
	Anxiety 0=None 1=Mild 2=Moderate 3=Severe																															
	Irritability																															
	Weight on day 28																															
	Hours slept																															
	Medication (name/mg)																															

DAILY NOTES

DATE	NOTES

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
Medication (name/mg)																															