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**																															
DEPRESSED	**Mild** Without significant impairment																															
	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)																															