

# SHARP MESA VISTA HOSPITAL COG-IOP DAILY CHECK-IN

DATE: \_\_\_\_\_

## SLEEP:

Time to bed \_\_\_\_\_

Time awake \_\_\_\_\_

Number of times awake in middle of the night \_\_\_\_\_

→ If yes, specific times awake (e.g. 4am) \_\_\_\_\_

## THOUGHT RECORD:

Negative thought about myself challenged today: \_\_\_\_\_; \_\_\_\_\_%  
believability

Balanced replacement thought: \_\_\_\_\_; \_\_\_\_\_% believability

## ABBREVIATED BECK INVENTORY

INSTRUCTIONS: This brief inventory is a measure of depression. For each of the ten items, circle the number that most closely corresponds to the statement that best depicts how you feel today. Complete a Beck Inventory each day and report your total score to therapists at check-in at the beginning of process group.

1. 0 I am not particularly discouraged about the future  
2 I feel discouraged about the future  
4 I feel I have nothing to look forward to  
6 I feel that the future is hopeless and that things cannot improve
2. 0 I get as much satisfaction out of things as I used to  
2 I don't enjoy things the way I used to  
4 I don't get real satisfaction out of anything anymore  
6 I am dissatisfied or bored with everything
3. 0 I don't feel I am being punished  
2 I feel I may be punished  
4 I expect to be punished  
6 I feel I am being punished
4. 0 I don't feel I am any worse than anybody else  
2 I am critical of myself for my weaknesses or mistakes  
4 I blame myself all the time for my faults  
6 I blame myself for everything bad that happens
5. 0 I don't cry anymore than usual  
2 I cry more now than I used to  
4 I cry all the time now  
6 I used to be able to cry, but now I can't even cry though I want to
6. 0 I have not lost interest in other people  
2 I am less interested in other people than I used to be  
4 I have lost most of my interest in other people  
6 I have lost all of my interest in other people
7. 0 I don't feel I look any worse than I used to  
2 I am worried that I am looking old or unattractive  
4 I feel that there are permanent changes in my appearance that make me look unattractive  
6 I believe that I look ugly
8. 0 I can sleep as well as usual  
2 I don't sleep as well as I used to  
4 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep  
6 I wake up several hours earlier than I used to and cannot get back to sleep
9. 0 My appetite is no worse than usual  
2 My appetite is not as good as it used to be  
4 My appetite is much worse now  
6 I have no appetite at all anymore
10. 0 I am no more worried about my health than usual  
2 I am worried about my physical problems such as aches and pains, or upset stomach or constipation  
4 I am very worried about physical problems and it's hard to think of much else  
6 I am so worried about my physical problems that I cannot think about anything else

TOTAL SCORE: \_\_\_\_\_

Influenced from the Beck Depression Inventory.

# ANXIETY INVENTORY

**Instructions:** The symptoms of anxiety can be divided into those affecting feelings, thoughts, and the body. To find out the level of your anxiety, put a check (✓) in the space to the right that best describes how much that symptom or problem has bothered you **today**. Add up your total score and report this number to your therapists at check-in. Influenced from Burns' Feeling Good Handbook, copyright 1999.

CATEGORY 1: ANXIOUS FEELINGS	Not At All 0	Somewhat 1	Moderately 2	A Lot 3
1. Anxiety, nervousness, worry or fear				
2. Feeling that things around you are strange, unreal or foggy				
3. Feeling detached from all or part of your body				
4. Sudden, unexpected panic spells				
5. Apprehension or a sense of impending doom				
6. Feeling tense, stressed, "uptight" or on edge				
CATEGORY II: ANXIOUS THOUGHTS	Not At All 0	Somewhat 1	Moderately 2	A Lot 3
7. Difficulty concentrating				
8. Racing thoughts or having your mind jump from one thing to the next				
9. Frightening fantasies or daydreams				
10. Feeling that you're on the verge of losing control				
11. Fears of cracking up or going crazy				
12. Fears of fainting or passing out				
13. Fears of physical illness, heart attack, or dying				
14. Concerns about looking foolish or inadequate in front of others				
15. Fears of being alone, isolated, or abandoned				
16. Fears of criticism or disapproval				
17. Fears that something terrible is about to happen				
CATEGORY III: PHYSICAL SYMPTOMS	Not At All 0	Somewhat 1	Moderately 2	A Lot 3
18. Skipping, racing, or pounding of the heart (palpitations)				
19. Pain, pressure, or tightness in the chest				
20. Tingling or numbness in the toes or fingers				
21. Butterflies or discomfort in the stomach				
22. Constipation or diarrhea				
23. Restlessness or jumpiness				
24. Tight tense muscles				
25. Sweating not brought on by heat				
26. A lump in the throat				
27. Trembling or shaking				
28. Rubbery or "jelly" legs				
29. Feeling dizzy, light-headed, or off balance				
30. Choking, smothering sensations, or difficulty breathing				
31. Headaches or pains in the neck or back				
32. Hot flashes or cold chills				
33. Feeling tired, weak, or easily exhausted				

TOTAL SCORE: \_\_\_\_\_