

Depression Support Workbook for Adults

Reflection, daily care, and support planning for depression

My name _____ Date started _____

Depression can affect feelings, energy, sleep, thoughts, and interest in activities. These pages help you notice patterns and ask for support. You can skip any exercise. This workbook does not diagnose depression or replace professional care.



My depression profile

Depression can affect mood, interest, energy, sleep, appetite, concentration, and daily functioning. A clinician can assess symptoms and treatment options.

Symptoms I notice first

How daily life is affected



Depression is not a moral failure

Low energy and difficulty starting tasks can be symptoms. Plan around what is possible today.

A self-critical message I notice

A more compassionate and realistic response



My minimum care day

Name the smallest meaningful actions for a difficult day.

Basic care	Smallest realistic step
Food and water	
Rest and hygiene	
Essential responsibility	
Contact with someone	



Small activity plan

Choose manageable activities related to care, connection, pleasure, or meaning.

Activity	Small first step	Who or what can help



A thought check

A difficult thought may feel convincing. Write it down and explore a more complete view.

The thought

What supports or challenges it

A balanced next thought



Treatment and support

A clinician can help assess symptoms and discuss therapy, medication when appropriate, and other options.

My care goals

A therapist or clinician to contact

Questions about treatment or side effects

Discuss changes to prescribed medication with your prescriber.



My safety plan

Complete this page with a clinician or trusted person if possible. If safety is uncertain, seek immediate support.

Warning signs	People or services I can contact	A safer place or next action

A practical step to make my environment safer with help



When I need more help

If low mood, loss of interest, or other symptoms persist or disrupt daily life, talk with a health professional. A child or teen should tell a trusted adult.

If you are thinking about suicide or self-harm, or cannot stay safe, tell someone immediately. In the United States, call or text 988. For immediate danger, call 911 or go to an emergency department. Elsewhere, use local crisis and emergency services.



30 day guided journal

These optional prompts come from the source. Use them in any order. Skip any page that does not help.

Day 1

Describe how depression affects your life right now.

Day 2

What are your earliest warning signs of a depressive episode?



Day 3

What does depression make you believe about yourself?

Day 4

What evidence suggests that belief is incomplete or unfair?



Day 5

What would a compassionate response sound like?

Day 6

What basic need has been hardest to meet lately?



Day 7

What is one tiny action that could support that need today?

Day 8

What activity once brought comfort, interest, or satisfaction?



Day 9

How could you reconnect with that activity for five minutes?

Day 10

What task has depression made feel impossible?



Day 11

How can that task be made smaller, delayed, delegated, or shared?

Day 12

What does your body need today?



Day 13

What does your mind need today?

Day 14

Who is a person you can contact without needing to explain everything?



Day 15

What support would you like to ask for?

Day 16

What does guilt say to you?



Day 17

What would you say to someone you love who had the same guilt?

Day 18

What relationship helps you feel connected?



Day 19

What relationship or commitment is draining your energy?

Day 20

What boundary may be needed?



Day 21

What value matters to you, even when depression is present?

Day 22

What is one small action that reflects that value?



Day 23

What has helped you survive a difficult time before?

Day 24

What are three things you have managed despite depression?



Day 25

What sleep, eating, movement, medical, or substance-use pattern do you want to notice?

Day 26

What treatment question do you want to bring to your clinician?



Day 27

What does a realistic “better day” look like?

Day 28

What is one source of meaning, purpose, or connection in your life?



Day 29

What helped most this month, even slightly?

Day 30

Finish this sentence:



30 day mood and support tracker

A word or short note is enough. Stop tracking if it adds distress.

Day	Mood	Energy 0–5	Support or note
1			
2			
3			
4			
5			



MENTAL HEALTH / DEPRESSION / ADULTS

Day	Mood	Energy 0–5	Support or note
6			
7			
8			
9			
10			



MENTAL HEALTH / DEPRESSION / ADULTS

Day	Mood	Energy 0–5	Support or note
11			
12			
13			
14			
15			



MENTAL HEALTH / DEPRESSION / ADULTS

Day	Mood	Energy 0–5	Support or note
16			
17			
18			
19			
20			



MENTAL HEALTH / DEPRESSION / ADULTS

Day	Mood	Energy 0–5	Support or note
21			
22			
23			
24			
25			



MENTAL HEALTH / DEPRESSION / ADULTS

Day	Mood	Energy 0–5	Support or note
26			
27			
28			
29			
30			



Closing reflection

There is no deadline for this page.

A pattern I noticed

What helped, even slightly

What remains difficult

Support I want next

Further reading: National Institute of Mental Health, Depression; Teen Depression; Children and Mental Health; 988 Suicide & Crisis Lifeline.

