

# Depression and Drug Use CBT Worksheet

Name:

Date:

Physician's Name:

## Signs of Depression

### Instructions:

Please check all of the signs that apply to you now.

- Low energy
- Overeating or not eating
- Sad thoughts
- Losing interest in career or hobbies
- Sleeping more than usual
- Decreased sex drive
- Increased thoughts of drinking
- Insomnia
- Stopping the exercise program
- Avoiding social activities
- Feelings of boredom, irritability, or anger
- Crying spells
- Suicidal thoughts or actions
- Stopping normal activities such as work, cleaning the house, or buying groceries

Are there other signs you're experiencing that may indicate depression?

### Conversation Question:

Have you been through depressive episodes before entering the Treatment and Rehabilitation Center? How did you recognize the signs of depression?

**Conversation Question:**

Have you felt depressed while in the Treatment and Rehabilitation Center? What symptoms have you experienced? Were those reduced after the “Wall” stage (after 2-4 months from starting total abstinence)?

**Coping Strategies to Manage Depression**

What are your strategies to cope effectively with each sign of depression that you indicated in the previous exercise?

Department of Health, Republic of the Philippines. (2020). Depression. In Patient’s Workbook for Cognitive Behavioral Therapy Sessions (1st ed., pp. 192–194). Department of Health.