

Mental Health Color Chart

MENTAL HEALTH COLOR CHART

Use the reference values below as a guide only. Always check the figures against current product information and your own practice protocols.

MENTAL HEALTH COLOR REFERENCE VALUES

Situation / trigger

Intensity (0-10)

Range / notes

Source and date checked

Situation / trigger - Row 1: _____

Range / notes - Row 1: _____

Situation / trigger - Row 2: _____

Range / notes - Row 2: _____

Situation / trigger - Row 3: _____

Range / notes - Row 3: _____

Situation / trigger - Row 4: _____

Range / notes - Row 4: _____

Situation / trigger - Row 5: _____

Range / notes - Row 5: _____

Situation / trigger - Row 6: _____

Range / notes - Row 6: _____

Situation / trigger - Row 7: _____

Range / notes - Row 7: _____

Situation / trigger - Row 8: _____

Range / notes - Row 8: _____

Situation / trigger - Row 9: _____

Range / notes - Row 9: _____

Situation / trigger - Row 10: _____

Range / notes - Row 10: _____

Situation / trigger - Row 11: _____

Range / notes - Row 11: _____

Situation / trigger - Row 12: _____

Range / notes - Row 12: _____

Situation / trigger - Row 13: _____

Range / notes - Row 13: _____

Situation / trigger - Row 14: _____

Range / notes - Row 14: _____

Approved by: _____

Intensity (0-10) - Row 1: _____

Source and date checked - Row 1: _____

Intensity (0-10) - Row 2: _____

Source and date checked - Row 2: _____

Intensity (0-10) - Row 3: _____

Source and date checked - Row 3: _____

Intensity (0-10) - Row 4: _____

Source and date checked - Row 4: _____

Intensity (0-10) - Row 5: _____

Source and date checked - Row 5: _____

Intensity (0-10) - Row 6: _____

Source and date checked - Row 6: _____

Intensity (0-10) - Row 7: _____

Source and date checked - Row 7: _____

Intensity (0-10) - Row 8: _____

Source and date checked - Row 8: _____

Intensity (0-10) - Row 9: _____

Source and date checked - Row 9: _____

Intensity (0-10) - Row 10: _____

Source and date checked - Row 10: _____

Intensity (0-10) - Row 11: _____

Source and date checked - Row 11: _____

Intensity (0-10) - Row 12: _____

Source and date checked - Row 12: _____

Intensity (0-10) - Row 13: _____

Source and date checked - Row 13: _____

Intensity (0-10) - Row 14: _____

Source and date checked - Row 14: _____

Date approved: _____ dd / mm / yyyy

RECORDING

Date

Time

Situation / trigger

Intensity (0-10)

Recorded by

Date - Row 1: dd / mm / yyyy

Situation / trigger - Row 1:

Recorded by - Row 1:

Time - Row 2:

Intensity (0-10) - Row 2:

Date - Row 3: dd / mm / yyyy

Situation / trigger - Row 3:

Recorded by - Row 3:

Time - Row 4:

Intensity (0-10) - Row 4:

Date - Row 5: dd / mm / yyyy

Situation / trigger - Row 5:

Recorded by - Row 5:

Time - Row 6:

Intensity (0-10) - Row 6:

Date - Row 7: dd / mm / yyyy

Situation / trigger - Row 7:

Recorded by - Row 7:

Time - Row 8:

Intensity (0-10) - Row 8:

Date - Row 9: dd / mm / yyyy

Situation / trigger - Row 9:

Recorded by - Row 9:

Time - Row 10:

Intensity (0-10) - Row 10:

Date - Row 11: dd / mm / yyyy

Situation / trigger - Row 11:

Recorded by - Row 11:

Time - Row 12:

Intensity (0-10) - Row 12:

Date - Row 13: dd / mm / yyyy

Situation / trigger - Row 13:

Recorded by - Row 13:

Time - Row 1:

Intensity (0-10) - Row 1:

Date - Row 2: dd / mm / yyyy

Situation / trigger - Row 2:

Recorded by - Row 2:

Time - Row 3:

Intensity (0-10) - Row 3:

Date - Row 4: dd / mm / yyyy

Situation / trigger - Row 4:

Recorded by - Row 4:

Time - Row 5:

Intensity (0-10) - Row 5:

Date - Row 6: dd / mm / yyyy

Situation / trigger - Row 6:

Recorded by - Row 6:

Time - Row 7:

Intensity (0-10) - Row 7:

Date - Row 8: dd / mm / yyyy

Situation / trigger - Row 8:

Recorded by - Row 8:

Time - Row 9:

Intensity (0-10) - Row 9:

Date - Row 10: dd / mm / yyyy

Situation / trigger - Row 10:

Recorded by - Row 10:

Time - Row 11:

Intensity (0-10) - Row 11:

Date - Row 12: dd / mm / yyyy

Situation / trigger - Row 12:

Recorded by - Row 12:

Time - Row 13:

Intensity (0-10) - Row 13:

NOTES

Notes