Daily Mood Tracker

Use this tool to keep your doctor informed about your mood symptoms.
At the end of each day, record your mood and related factors. The more thorough your information, the more you can help your doctor and your treatment.

NAME

MONTH / YEAR

DATE	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
MOOD TRACKING	Place a checkmark in the box that reflects your symptoms each day. If more than one apply, check multiple boxes for that day.																														
EXTREMELY MANIC Incapacitated or hospitalized																															
VERY MANIC Difficulty with goal-oriented activity; not able to work																															
SOMEWHAT MANIC Some difficulty with goal-oriented activity; able to work																															
MILDLY MANIC OR HYPOMANIC Mild changes to usual routine; able to work																															
STABLE MOOD																															
MILDLY DEPRESSED Mild changes to usual routine; able to work																															
SOMEWHAT DEPRESSED Functioning with some effort; able to work																															
VERY DEPRESSED Functioning with great effort; not able to work																															
EXTREMELY DEPRESSED Incapacitated or hospitalized																															
MIXED STATE																															
HOURS SLEPT																															
UNINTERRUPTED SLEEP																															
TALK THERAPY																															
notes																															
SUPPORT GROUP																															
notes																															
MEDICATION *(name/mg)*	Place a checkmark if medication was taken each day.																														

DATE	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
PHYSICAL ILLNESS (*What did you have?*)																															
notes																															
MENSTRUAL PERIOD (*What type of flow?*)																															
notes																															
MEALS (*How many daily meals?*)																															
notes																															
SNACKS (*How many?*)																															
notes																															
WEIGHT CHANGES (*indicate + or -*)																															
notes																															
ALCOHOL USE																															
notes																															
DRUG USE																															
notes																															
JOBS (*Days at work*)																															
notes																															
PHYSICAL ACTIVITY/EXERCISE																															
notes																															
RELAXATION/MEDITATION																															
notes																															

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