## 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		Ρ	lace a	ı che	ckm	ark iı	n the	box	that	refle	ects y	/our	sym	otom	is ead	ch da	ay. If	more	e tha	n on	e app	oly, c	heck	c mul	tiple	boxe	es fo	r tha	t day	<i>ı</i> .	
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)										P	lace	a ch	eckm	nark i	if me	dicat	tion v	was t	taker	n eac	h da	у.									

	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																																
<b>x</b>		_																	_		_		_		_							
SNACKS (How many?)																																
notes																																
																														_		
WEIGHT CHANGES (indicate + or -)																																
notes		_																									_					
ALCOHOL USE																																
notes		_																					_		_			_				
DRUG USE																																
notes		_																									_					
JOBS (Days at work)																																
notes																																
		_																					—		—			—	<u> </u>			
PHYSICAL ACTIVITY/EXERCISE																																
notes																																
		_								1																				_		
RELAXATION/MEDITATION																																
notes																																