Name:										<u>.</u>											Da	ite:_										
												DA	ILY	Y M	00	D	СН	AR	T													
How t	o use	e th	e M	000	l Ch	art																										
✓																ıı	<ul> <li>✓ Rate any anxiety or irritability that you may have on a scale from 0-3 (3=high) and record daily</li> <li>✓ List your medications and place a check mark daily if you took your medicine</li> <li>✓ Place an "A" if you drank Alcohol or a "D" if you used any drugeness.</li> </ul>															
✓ ✓	List the number of hours you slept each day that was not prescribed by a doctor Weigh yourself on the 14th & 28th day of each month and record																- <b>y</b>															
High Mood	+3 +2 +1																															
NORMAL																																
Low	-1 -2 -3																															
	DAY	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
HOURS SLEE	т																															
WEIGHT ON DAY	14 & 28																															•
															•	•													•	•		
ANXIETY	Scale 1-5																															
IRRITABILITY	Sc 1																															
MEDICATIO (name/mį											P	lace	a ch	eckn	nark	if m	edic	ation	was	tak	en ea	ich d	ay									
Alcohol/Drugs																																
г '		ı	ı	1	1	1	1	1		1	1	1	1	1	1			1	1	1	1	1	1	1	1		1		ı	1	1	
Exercise																																