# **Daily Mood Chart**

**How to use the Mood Chart**

* At the end of each day rate your mood -the "Highest" or "Lowest"  
  that you felt that day
* Place a dot in the box that best describes your mood
* If you have had High and Low moods on the same day place two dots
* List the number of hours you slept each day
* Weigh yourself on the 14th & 28th day of each month and record
* Rate any anxiety or irritability that you may have on a scale from 0-3 (3=high) and record daily
* List your medications and place a check mark daily if you took

your medicine

* Place an "A" if you drank Alcohol or a "D" if you used any drug

that was not prescribed by a doctor

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| **High**  **Mood** | **+3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **+2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **+1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NORMAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Low**  **Mood** | **-1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***-2*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***-3*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | 11 | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 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 SLEPT** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **WEIGHT ON DAY 14 & 28** | |  | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |  |  | | |
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| **ANXIETY** | **Scale**  **1-5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **IRRITABILITY** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MEDICATION (name/mg)** | | **Place a checkmark if medication was taken each day** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Alcohol/Drugs** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Exercise** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |