

# Using this calendar to track your mood

This calendar helps you monitor your mood on a daily basis. It can help you and your health care professional review your symptoms and treatment.

At the end of each day, take a few moments to think about your day, what you experienced, how you felt, how you acted, etc. Then simply follow these steps for recording the information.

## 1. Medications/Herbal supplements

List all the medications and supplements you take in the spaces provided, including the daily dosages and number of pills that should be taken each day. At the end of each day, write the exact number of tablets or capsules of each medication that you actually took in the appropriate day's space.

## 2. Alcohol or drug use

Put a check mark in the appropriate space if you drank or used drugs.

## 3. Hours of sleep

Estimate the number of hours of sleep you had the previous night.

## 4. Rate the severity of your mood episodes

Indicate how your mood has affected your ability to function at home, work, or school by putting an **X** in the appropriate space.

Use the following scale as reference:

### MANIA

Severe	Family and friends want me in the hospital
High moderate	Much feedback that behavior is strange or bizarre
Low moderate	Some feedback that behavior is difficult or odd
Mild	Very energetic; functioning may be enhanced or slightly disorganized

### STABLE MOOD

### DEPRESSION

Mild	Low mood; essentially no impairment in usual functioning
Low moderate	Some extra effort needed in usual roles
High moderate	Much extra effort needed; marked difficulty in usual routines
Severe	Largely unable to function because of depression

## 5. Record mixed states

If you have symptoms of mania and depression at the same time (a mixed state) put a check mark (✓) in the appropriate day's space.

## 6. Rate your overall mood

Rate your mood for the day and write a number based on the mood scale below.



## 7. Record the number of mood changes

Enter the approximate number of times your mood changed during the day.

## 8. Record anxiety symptoms

Place a check mark (✓) by the days you have symptoms of anxiety, panic, or excessive worry.

## 9. Record other symptoms, both physical and mental

List any physical or mental symptoms you have that interfere with your life, such as loss of appetite, pain, nausea, paranoia or thoughts of suicide. Rate the effect of each symptom on the day(s) you have it.



## 10. Record significant life events, both positive and negative

Record significant positive and negative events each day, such as an argument with a loved one, illness in the family, a promotion at work or anything else that affects you. Rate the impact of each event on the day(s) the event affects you.





OTHER SYMPTOMS

INTERFERENCE WITH LIFE (0=LEAST; 10=MOST)

LIFE EVENTS

IMPACT (-10=MOST NEGATIVE; 10=MOST POSITIVE)

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