

Bipolar Monthly Mood Chart (BMCC)

Mood		DAYS																														
		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
Elevated	Severe																															
	Moderate																															
	Mild																															
	Within Norms																															
Depressed	Mild																															
	Moderate																															
	Severe																															
Anxiety	None																															
	Mild																															
	Moderate																															
	Severe																															
Irritability	None																															
	Mild																															
	Moderate																															
	Severe																															
Check days you experience suicidal thoughts. Contact your healthcare provider immediately!																																
Suicidal Ideation																																
Inappropriate/strange ideas																																
Check days you use alcohol or substances. List amount and type in Daily Notes. Circle days you blackout.																																
Alcohol / Substance Use																																
Activities of Daily Living (ADL) - Check days that are problematic. Explain in Daily Notes.																																
ADL	Appearance/Hygiene																															
	Eating Habits/Diet																															
	General Activity Level																															
Check days you exercise. List type and length in Daily Notes.																																
Exercise																																
Hours slept in last 24 hours																																
Psychotherapy appts																																
Med check appts																																
Treatments	List all medications. Highlight or circle any medication changes or missed doses. Explain in the Daily Notes.																															
	#1	_____ mg																														
	#2	_____ mg																														
	#3	_____ mg																														
	#4	_____ mg																														
	#5	_____ mg																														
DAYS		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

NAME:

MONTH/YEAR:

Daily Notes

1	17	
2	18	
3	19	
4	20	
5	21	
6	22	
7	23	
8	24	
9	25	
10	26	
11	27	
12	28	
13	29	
14	30	
15	31	
16	MD:	Therapist:
	Phone:	Phone:
	Emergency #:	Emergency #: