Name:_____   Month/Year:_____

Daily Mood Diary

Mood Rating																																	
High	+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 Slept																																	
Weight (lbs) (day 14 & 28)																																	
Anxiety																																	
Irritability																																	

Medication (name/dose)	Place a checkmark (√) if medication was taken each day Place a "x" if medication was not taken and list why on separate sheet

Alcohol/Drugs	
Exercise (Y/N)	
Food Intake	
Menses	
Stressful/Emotional Event	

Daily Mood Diary Instructions:
Mood Rating
-At the end of each day, rate your mood at the "Highest" of "Lowest" that you felt that day
-Place a dot in the box that best describes your mood
-If you had high and low moods on the same day, place two dots
Anxiety & Irritability
-Rate each on a scale from 0-3 (0=low, 3=high) daily

Medications
-Note any additional medications taken, medication dosage changes and any adverse effects attributed to medications with a "x" and describe more fully in the Mood Diary Explanation Log.
Alcohol/Drugs
-Place an "A" if you drank alcohol or a "D" if you used any drugs or remedies not prescribed by a doctor
-Use the Mood Diary Explanation Log to elaborate as needed

Exercise
-If you tend to do a similar exercise regimen regularly, please note this regimen on the attached form and use an asterisk (*) in the box next to a "Y" when you have exercised, but it is quite different than your normal regimen. Please note the intensity and duration of this exercise on the attached form
Food Intake
-If you have not eaten regular meals and/or have eaten quite different amounts or types of foods, please note the differences on the Mood Diary Explanation Log. and use an asterisk (*) in the box

Menses
-Please note the day that you start bleeding with a dot and note each subsequent day of bleeding until your period (menses) is over
-If you know the day that you are ovulating, please note this with an "O"- otherwise leave blank
-If your menses is different than usual in timing, amount or duration of bleeding and any associated symptoms, please note on the log form

Stressful/Emotional Event
-Please note with an asterisk (*) any days that you have had an event, occurrence or interaction that was very stimulating (it can be joyous or distressing). This may include physical or mental/emotional symptoms. For any day you note in this manner, please elaborate on the Mood Diary Explanation Log.

Name:_____

Mood Diary Explanation Log

Day 1:

Day 2:

Day 3:

Day 4:

Day 5:

Day 6:

Day 7:

Day 8:

Day 9:

Day 10:

Day 11:

Day 12:

Day 13:

Day 14:

Day 15:

Day 16:

Day 17:

Day 18:

Name:_____   Month/Year:_____

Day 19:

Day 20:

Day 21:

Day 22:

Day 23:

Day 24:

Day 25:

Day 26:

Day 27:

Day 28:

Day 29:

Day 31:

Additional Information from days above or other reflections on the month: