$\mathcal{M}_{\text{OOD TRACKING}}$

Tracking your activities such as eating, sleeping and relaxing can help you see how much of an impact these things have on your moods. The charts on the next pages can help you see patterns. Take a few minutes each evening to fill them out. Make copies or draw your own, so you can use them every month. Share them with your health care provider(s).



List the names of *all* medications prescribed to you by your doctor(s), not just those for mood disorders. Write your dosage and the number of pills prescribed per day.

At the end of each day, write down how many pills you actually took. If you take your medication in the morning and evening, it might be helpful to use two lines, one for AM and one for PM.

MEDICATION NAME	DOSE PER PILL (MG)	PILLS PER DAY PRESCRIBED	PILI 1	LS PE	R DAN	(TAK 4	EN 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
Medication	10	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	4	3	2	3	3	3	3	3	3
																																	-
																																$\left \right $	\vdash
																																	-



MONTH/YEAR

Record your hours of nighttime sleep, number of meals and number of snacks.

Check the spaces next to the things that affected you that day, such as relaxation time or physical illness. Add some of your own if you want to.

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 of nighttime sleep	7																															
Number of meals	3																															
Number of snacks	1																															
√ IF YES																																
Physical activity?																																
Relaxation time?																																
Went to support group?																																
Spent time talking with (or writing to) a supportive persona	,																															
Medication side effects?																																
Physical illness?																																
Major life event?																																
Menstrual period?																																
Drank alcohol or used drugs?																																
								t	1																							



MONTH/YEAR

Fill in the box that best describes your mood for the day. If your mood changes during the day, fill in the boxes for the highest and lowest moods. Connect them by drawing a line or filling in the boxes between them.

Look for patterns.

See how your daily moods relate to your lifestyle and your treament.

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
EXTREMELY MANIC																																
VERY MANIC																																
SOMEWHAT MANIC	T																															
MILDLY MANIC OR HYPOMANIC																																
STABLE																																
MILDLY DEPRESSED																																
SOMEWHAT DEPRESSED																																
VERY DEPRESSED																																
EXTREMELY DEPRESSED																																
Mixed state (manic and depressive symptoms) ($$ if yes)	\checkmark																															