# 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANXIETY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IRRITABILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICATION (name/mg) | Place a checkmark if medication was taken each day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ALCOHOL/DRUGS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name _____ Month/Year _____