Name _____

Mood Chart

Month/Year
_____

Daily Notes

MOOD
Rate with 2 marks each day to indicate best and worst

| Depressed | | | WNL | Elevated | | |

TREATMENTS
(Enter number of tablets taken each day)

Treatment columns:
- Antipsychotic ____ mg
- Antidepressant ____ mg
- Anticonvulsant ____ mg
- Benzodiazepine ____ mg
- Lithium ____ mg
- Verbal Therapy
- (Strange Ideas, Hallucinations) ____ mg

Rating scale:
0 = none
1 = mild
2 = moderate
3 = severe

Symptom columns:
- Irritability
- Anxiety
- Hours Slept Last Night

Depressed
- Severe — Significant Impairment NOT ABLE TO WORK
- Mod. — Significant Impairment ABLE TO WORK
- Mild — Without Significant Impairment

WNL
- MOOD NOT DEFINITELY ELEVATED OR DEPRESSED. NO SYMPTOMS
- Circle date to indicate Menses

Elevated
- Mild — Without Significant Impairment
- Mod. — Significant Impairment ABLE TO WORK
- Severe — Significant Impairment NOT ABLE TO WORK

- Psychotic Symptoms (Strange Ideas, Hallucinations)

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

Weight

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