

## Using this daily diary to track your mood

This diary helps you monitor your mood on a daily basis. It provides a daily and monthly recap for you and your doctor (or other health care professional) as you review your treatment.

It's simple to use. At the end of each day, prior to taking your evening medication, take a few moments to think about your day, what you experienced, how you felt, how you functioned, etc. Then simply follow these steps for recording the information.

### 1. Medications

List the medications your doctor has prescribed in the spaces provided, including the total daily dosages and number of tablets that should be taken each day. At the end of each day, indicate the exact number of tablets or capsules of each medication that you actually took that day in the appropriate space.

### 2. Hours of sleep

Estimate the number of hours of sleep you had the previous night.

### 3. Rate your overall mood

Rate your mood for the day and write in a number between 0 and 100, based on the mood scale below. If you experience sudden, distinct, or significant mood changes within 1 day, enter the highest and lowest mood values reached.

0 ..... 50 ..... 100  
Most depressed ever      Balanced      Most manic (activated) ever

### 4. Record the number of mood changes

Enter the number of sudden, distinct, and significant mood changes (if any) that occur within a single day. Mood changes may occur within the same mood state or between mood states. (Rate your most severe level of manic or depressed mood for the entire day if your mood varies gradually over the course of the day.)

### 5. Rate the severity of your mood episodes

Indicate how your mood has affected your ability to function in your usual roles at home, work, or school by filling in the space (●) corresponding to the appropriate level of functional impairment.

Use the following scale as reference:

#### MANIA

Severe	Family and friends want me in the hospital
High moderate	Much feedback that behavior is outlandish or bizarre
Low moderate	Some feedback that behavior is difficult or odd
Mild	Very energetic; functioning may be enhanced or slightly disorganized

#### STABLE MOOD

#### DEPRESSION

Mild	Low mood; essentially no impairment in usual functioning
Low moderate	Some extra effort needed in usual roles
High moderate	Much extra effort needed; marked difficulty in usual routines
Severe	Largely unable to function because of depression

Please note:

- When the energized state is unpleasant or **dysphoric**, please indicate by placing a check mark (✓) in the appropriate space for that day
- If hospitalized, use an "X" to continue rating the severity of your mood in the appropriate space (X)

### 6. Indicate your menstrual period (if applicable)

Place a check mark (✓) by the days you have your menstrual period.

### 7. Record significant events each day

The next page in the diary provides more space for you to record meaningful events that occur each day. For each day, record the following:

**Life events**—Enter significant events of the day, along with their corresponding impact on you:

-4      -3      -2      -1      0      +1      +2      +3      +4  
Extremely negative      Neutral      Extremely positive

**Side effects**—Record any side effects of your medication(s) and indicate the severity of your discomfort or interference with your functioning by placing a check mark (✓) in the appropriate Mild/Mod/Sev box.

**Coexisting symptoms**—Write in any additional problems you experience each day (e.g., anxiety, alcohol abuse, paranoia, headache). If applicable, continue to indicate the presence and frequency of these symptoms on following days (e.g., number of panic attacks, number of drinks, etc).

The following four pages are an example of how to use your calendar. Taking just a few minutes at the end of each day to fill it out and reviewing it with your doctor at every visit can have a positive impact on your treatment and everyday life.

**YOUR PRESCRIPTION**

MEDICATION NAME	DAILY DOSE	# OF PILLS PER DAY	TOTAL NUMBER OF PILLS TAKEN PER 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
LITHIUM	900mg	3	3	3	3	3	3	3	3	3	2	2	3	3	2	2	3	3	3	4	4	3	3	3	2	3	3	3	3	3	3	3	
DEPAKOTE	500mg	2																															
NORTRIPTYLINE	75mg	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	3	0	0	0	0	0	0	0	0	0	0	2	2	3	3	3	
SYNTHROID	0.1mg	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1		
LORAZEPAM	2mg	4																															



**SAMPLE PAGES**

**RECORD HOURS OF NIGHTTIME SLEEP**

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
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**MANIA (✓) IF YES**

SEVERE Essentially incapacitated or HOSPITALIZED

HIGH MODERATE GREAT difficulty with goal-oriented activity

LOW MODERATE SOME difficulty with goal-oriented activity

MILD More energized & productive; usual routine not affected much

**STABLE**

MILD Usual routine not affected much

LOW MODERATE Functioning with SOME effort

HIGH MODERATE Functioning with GREAT effort

SEVERE Essentially incapacitated or HOSPITALIZED

MOOD (0-100) 0 Most depressed ever .....50 Balanced .....100 Most manic (activated) ever

NUMBER OF MOOD CHANGES / DAY

MENSTRUAL PERIOD (✓) IF YES

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
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49	50	50	40	40	38	36	34	30	30	30	45	50	50	55/20	60/20	81	79	89	90	90	80	55	45	45	40	39	35	35	41	40
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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
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DATE	LIFE EVENT	IMPACT	SIDE EFFECTS	MILD	MOD	SEV	COEXISTING SYMPTOMS
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