Name _____

Mood Chart

Month/Year

_____

Daily Notes

MOOD

Rate with 2 marks each day to indicate best and worst

TREATMENTS
(Enter number of tablets taken each day)

___ mg	Dopamine Blocker ___mg	___ mg	Antidepressant ___ mg	Anticonvu stant ___ mg	Benzodiazepine ___ mg	Lithium ___ mg	Verbal Therapy	Daily Notes	0 = none 1 = mild 2 = moderate 3 = severe 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
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								Weight											

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