

Mood Chart

Adapted from Sachs, G (1996): J. Clin. Psychopharm. 16:2(suppl 1) p47S

Date (circle for menses)	Exercise /Medication (enter amounts, note dose changes)						Energy/Mood (can use two check marks: worst and best for each day)						Sleep check one, or hours			Irritability 0-3 scale	Events/Notes/Observations Questions to ask, connections you suspect; or significant events that might affect mood — interactions, successes, disappointments, anniversaries, illness, losses, etc.
	Exercise type Walk Swim Run Bike Etc.	How long	med 1	med 2	med 3	med 4	Low energy/mood			nl normal mood	Agitation/ anxiety/ "up"			increased sleep	normal sleep	insomnia	
			mg	mg	mg	mg	cannot work +++	impaired ++	not impaired +		not impaired +	impaired ++	cannot work +++				
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