Mood Tracker

Month: _____   Year: _____

		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
ELEVATED	**Severe**	Significant impairment Not able to work																															
	Moderate	Significant impairment Able to work																															
	Mild	Without significant impairment																															
NORMAL	**Normal**																																	
DEPRESSED	**Mild**	Without significant impairment																															
	Moderate	Significant impairment Able to work																															
	Severe	Significant impairment Not able to work																															
Anxiety	0-None 1-Mild																																	
Irritability	2-Moderate 3-Severe																																	
Weight on Day 28																																		
Hours slept																																		
Notes:																																		

Medications (name & dose)

	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