SAMPLE FORM	Lana Castle 2019
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Pre	escription & OTC Meds	Dose	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	7 1	8 1	9	20	21	22	23	3 2	24 2	5	26	27	28	3 2	9 3	0 31																													
Mo	od stabilizer(s)	mg	2	2	2	2	2	2	2																																																							
Ant	ipsychotics(s)	mg	2	2	2	1	1	1	1																																																							
Ant	ianxiety agent(s)	mg	3	3	3	3	3	3	3																								_	H																														
Ant	idepressant(s)	mg	2	2	2	2	2	2	2											DII	RE	C1	1O	NS	5																																							
Oth	ner medication(s)	mg	1	2	T	T	T	T					Forr	ns li	ke th	is ca	an h	elb v	/อบ	and	vอบ	r di	octo	r																																								
Vito	amin(s)/mineral(s)	mg	1	T	T	T	T	T	T				• Cc	onfir	m you	ur di	agn	osis,			•																																											
OTO	C (over-the-counter) meds	mg		П	Т	T						• monitor your reactions to a new medication,																																																				
Alc	phol	0z	1	T		T						<ul> <li>determine what combination of medicines work best for you, and</li> <li>review life-style factors that might affect your illness.</li> </ul>											d																																									
Nic	otine		5	5	4	5	3	3	2																						ne first day of each month, record the month and year, and your										,									· · · · · · · · · · · · · · · · · · ·								age and water						
Illic	it drugs												weight at the top of the form. (If you forget a day—or even an entire																																																			
	Nighttime sleep	hr/min	8.5	9	9	8	8	8	8						:h—jı											<b>∽</b> 1,7	0,	CYCI	, 01,	Cin	un C				1																													
a	Daytime sleep/nap(s)	hr/min		1 hr	.5 hr	.5 hr					2 List all prescribed medications, vitamins, minerals, and over-the-counter medications you take that month in the Prescription & OTC Meds																																																					
Lifestyle	Meals/snacks missed	number		Im					Is			medications you take that month in the Prescription & OTC Meds column at the far left.															1																																					
est	Exerci <i>s</i> e	mark days	.5 hı	<del>                                     </del>		.5 hr	.5 hr	.5 hr	.5 hr						nn at rd th				aob		d:oo	ı+:'		.: ال: مدالة	ando	(_	~ ~`	\ ba	- ~ d						+																													
=	Relaxation/breaks	mark days	_		.5 hr	.5 hr	- Ihr	Ihr	lhr																																																							
	Menstrual cycle	mark days				X	X	X	X			capsule, tablet, etc., in the Dose column. (Check each bottle or box.)  4 For each day, record the number of doses you took. (If you miss a day																																																				
S	High	mark days	+	X		X	X																								,				+																													
es	Average	mark days	+		X			X	X			or forget to record a dose, start again as soon as you can.) 5 If you consume alcohol, nicotine, or illicit drugs (marijuana, cocaine, etc.), record this information under the appropriate day(s). (This information																1																																				
Stress	Low	mark days										İ	r	ecor	rd thi Þorta	is infi	orm	natio	n ur trac	nder 1tm/	the nt	ap	pro in n	pria	te d	ay(s)	). ( ka	This	info neic	ormo	atio Ial X	1																																
	Very elated or agitated	mark days													each (		,														,				+																													
(3)	Elated or agitated	mark days	+	X											, exer																				+																													
ğ	Within normal range	mark days	+		X			X	X				7. F	Recoi	rd th	e nur	mbe	er of	me	als	and	sno	icks	you	mis	sed.	— l	basea	d or	n you	Ur				+																													
Mood (s)	Depressed	mark days	+			X	X						t	arge	eted o	or Us	sual	num	ber	of	nec	ıls c	ind.	snac	:Ks t	er c	day	. (You	J CC	an co	ode ^				+																													
2	Very depressed	mark days	-		$\vdash$										ed mi									ently	, as	shov	vn	Dy tr	ne	m 1	tor				+																													
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Month \_\_\_\_\_ Year \_\_\_\_ Weight \_\_\_\_

Significant Events & Stressors   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
Argument with brother  Insurance snage—must change therapist  X  X  X  X  X  X  X  X  X  X  X  X  X
Started new support group  Kids home with flu  Had flu myself  Made new friend at party  Flat tire on car—missed support group  Made up with brother  Birthday dinner out with family  Got parking ticket  DIRECTIONS  Significant events and stressors—whether good or bad—can also affect mood disorders. Use this page to record changes in the following:  • health, medical care, or therapy • schedule or daily routine
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Birthday dinner out with family  Got parking ticket  DIRECTIONS  Significant events and stressors—whether good or bad—can also affect mood disorders. Use this page to record changes in the following:  • health, medical care, or therapy • schedule or daily routine
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following:  • health, medical care, or therapy • schedule or daily routine
• health, medical care, or therapy     • schedule or daily routine
• schedule or daily routine
• relationships and social life
• finances and work
• legal situations, and so on
You can copy this page to the backside of the previous page or
copy it separately and label it with the same month and year.
l List the significant events and stressors you experience
throughout the month in the column at the far left. Some days, you may need to list more than one event or stressor.
Other days, you may not need to list any.
2 Mark which day(s) the events or stressors occurred.
Keep your completed forms for future reference!

Month	Year	 Weight
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Pre	escription & OTC Meds	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
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	Nighttime sleep	hr/min																															
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Lifestyle	Meals/snacks missed	number																															
fes	Exercise	mark days																															
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Stress	Average	mark days																															
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Mood (s)	Within normal range	mark days																															
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Significant Events & Stressors	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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