

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	Agitation/ anxiety/ "up"			increased sleep	normal sleep	insomnia	
			mg	mg	mg	mg	cannot work	impaired	not		normal	not	impaired				
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																	

