Name _____

Mood Chart

Month/Year

_____

TREATMENTS
(Enter number of tablets taken each day)

MOOD
Rate with 2 marks each day to indicate best and worst

0 = none
1 = mild
2 = moderate
3 = severe

___mg	Antipsychotic ___mg	___mg	Antidepressant ___mg	Anticonvustant ___mg	Benzodiazepine ___mg	Lithium ___mg	Verbal Therapy	Daily Notes	Irritability	Anxiety	Hours Slept Last Night	Depressed: Severe Significant Impairment NOT ABLE TO WORK	Depressed: Mod. Significant Impairment ABLE TO WORK	Depressed: Mild Without Significant Impairment	WNL: MOOD NOT DEFINITELY ELEVATED OR DEPRESSED. NO SYMPTOMS Circle date to indicate Menses	Elevated: Mild Without Significant Impairment	Elevated: Mod. Significant Impairment ABLE TO WORK	Elevated: Severe Significant Impairment NOT ABLE TO WORK	Psychotic Symptoms Strange Ideas, Hallucinations
															1				
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								Weight											

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