

# Mood Tracker

Fill in the circle that most appropriately describes your mood each day. Print out as many blank Mood Tracker pages as you need. Take a minute at the end of each day to jot down your notes. Review the Mood Tracker with your healthcare professional.

Name \_\_\_\_\_

Month/Year \_\_\_\_\_

Rate Your Mood			Day	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	
Manic	Severe: I feel out of control; family and friends insist I get medical help.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	High moderate: I can't focus; others get angry or frustrated with me.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Moderate: I start things but don't finish; I have more energy and need less sleep.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Mild: I am more social and talkative; I feel more productive.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stable Mood: I am not feeling manic or depressed.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	Mild: I feel a little sluggish and sad; I continue to function well.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Moderate: I am not interested in things; it takes extra effort to function.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	High moderate: I am withdrawn; I miss a lot of work/school.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Severe: I can't function or I may have suicidal thoughts; family and friends insist I get medical help.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was There An Important Event?*																																			

\*Use the following page to describe important events that may have affected your mood (for example, a good friend visited, or you had a problem at work).

Did You Take Your Medications?			Day	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			
Medication Name	Daily Dose	# of Pills per Day																																			
Number of Hours You Slept Last Night:																																					
For Women: Menstrual Period Today?																																					

Adapted from: Leverich GS, Post RM: NIMH-LCM Self/PROSPECTIVE Ratings: The LCM-S/P™ . LCM-SP Version 2-02.

# Mood Tracker

## Important Events of the Day

Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

For each day of the month, write down any event that had an impact on your mood and describe how the event made you feel.

Share your completed Mood Tracker with your healthcare professional during your next appointment.

Day of Month	Event (Describe What Happened)	How the Event Made You Feel (Describe Your Feelings)	Impact On Your Mood		
			Mild	Moderate	Severe
ex.	<i>Argued with Matt at work</i>	<i>Angry, frustrated – and confused!</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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25			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>