

MONTH

YEAR

MEDICATION/SUPPLEMENT NAME	DAILY # OF PILLS DOSE PER DAY	TOTAL NUMBER OF PILLS TAKEN PER 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

USED ALCOHOL/DRUGS (✓) IF YES

HOURS OF NIGHTTIME SLEEP

SEVERE Essentially incapacitated or HOSPITALIZED

A HIGH MODERATE GREAT difficulty with goal-oriented activity

N LOW MODERATE SOME difficulty with goal-oriented activity

I MILD More energized & productive, usual routine not affected much

STABLE

D MILD Usual routine not affected much

P LOW MODERATE Functioning with SOME effort

R HIGH MODERATE Functioning with GREAT effort

S SEVERE Essentially incapacitated or HOSPITALIZED

MIXED STATE (✓) IF YES

MOOD (0—10)

-10

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0

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10

.....

+

10

.....

+

10

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+

10

.....

+

10

.....

+

10

.....

+

10

NUMBER OF MOOD CHANGES

ANXIETY SYMPTOMS (✓) IF YES

OTHER SYMPTOMS	INTERFERENCE WITH LIFE (0 = LEAST; 10 = MOST)																															
	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	

LIFE EVENTS

IMPACT (-10 = MOST NEGATIVE; 10 = MOST POSITIVE)

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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Using this calendar to track your mood

This calendar helps you monitor your mood on a daily basis. It can help you and your health care professional review your symptoms and treatment. At the end of each day, take a few moments to think about your day, what you experienced, how you felt, how you acted, etc. Then simply follow these steps for recording the information.

1. Medications/Herbal supplements

List all the medications and supplements you take in the space provided, including the daily dosage and number of pills that should be taken each day. At the end of each day, write the exact number of tablets or capsules of each medication that you actually took in the appropriate day's space.

2. Alcohol or drug use

Put a check mark in the appropriate space if you drank or used drugs.

3. Hours of sleep

Estimate the number of hours of sleep you had the previous night.

4. Rate the severity of your mood episodes

Indicate how your mood has affected your ability to function at home, work, or school by putting a **X** in the appropriate space. Use the following scale as reference.

MANIA		DEPRESSION	
Severe	Family and friends want me in the hospital	Much greater than normal or slightly disturbed	Low mood, especially if no impairment in usual functioning
High moderate	Much greater than normal or slightly disturbed	Some extra effort needed to work, talk, eat	Very, somewhat, or slightly disturbed
Low moderate	Some extra effort needed to work, talk, eat	With extra effort required, need more time to do things	Some impairment in usual functioning
Mid	Very, somewhat, or slightly disturbed	With extra effort required, need more time to do things	Low mood, but able to get along with others

STABLE MOOD

5. Record mixed states
If you have symptoms of mania and depression at the same time (a mixed state) put a check mark (**✓**) in the appropriate day's space.

6. Rate your overall mood
Rate your mood for the day and write a number based on the mood scale below.

-10 0 10
Most depressed ever Balanced Most manic activated ever

7. Record the number of mood changes
Enter the approximate number of times your mood changed during the day.

8. Record anxiety symptoms

Place a check mark (**✓**) by the days you have symptoms of anxiety, panic, or excessive worry.

9. Record other symptoms, both physical and mental

List any physical or mental symptoms you have that interfere with your life, such as loss of appetite, pain, nausea, paranoia or thoughts of suicide. Rate the effect of each symptom on the day(s) you have it.

10. Record significant life events, both positive and negative
Record significant positive and negative events each day, such as an argument with a loved one, illness in the family, a promotion at work or the event that affects you.
Rate the effect of each significant event on the day(s) you have it.
0 10
No interference with life Most interference with life
Not negative impact Neutral Most positive impact

Symptoms of mania/hypomania		Symptoms of depression	
• Increased energy		• Decreased energy	
• Agitated or irritable moods		• Sad, empty feelings	
• Inflated self-esteem or grandiose feelings		• Loss of interest or pleasure in usual activities	
• Decreased need for sleep		• Inability to concentrate	
• More talkative than usual, or pressure to keep talking		• Significant weight loss or gain	
• Flight of ideas or racing thoughts		• Change in sleep patterns, inability to sleep, or increased periods of sleep	
• Easily distracted		• Feelings of worthlessness or inappropriate guilt	
• Excessive involvement in pleasurable activities (spending sprees, sexual activity, foolish investments or business ventures)		• Inability to make decisions	
• Recurring thoughts of death or suicide			

Depression and Bipolar Support Alliance
730 N. Franklin Street, Suite 501, Chicago, Illinois 60610-7224 USA
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Web site: www.DBSSAlliance.org



Personal Calendar

A monthly diary



We've been there.
We can help.