

## What is the Daily Mood Diary?

The Mood Diary is a tool you can use every day. It can help track your mood, medications, and important things that happen. If you fill it out daily, it can help you and your healthcare provider better understand your bipolar disorder condition. Your healthcare provider can work with you to fine-tune your treatment. For you, the Mood Diary can help you understand yourself, notice what affects you, and plan your daily activities better.

## How to Use the Daily Mood Diary

It's simple to use. Keep this sheet in a place where you can use it every day. First, note the month and year on the sheet. At the end of each day, before you take your evening medication, take a few moments to think about your day. Record the following information:

### Page One:

#### ① Rate your mood episodes

In this section, track how your mood has affected how well you can participate in home, work, or school. Fill in the circle with a check mark (✓) by the line that best describes your day. If you have distinct mood changes each day, check all that apply.

Use this scale to gauge your day:

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#### Mania

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Severe	Family and friends want me in the hospital.
High moderate	People say that my actions are bizarre or strange.
Low moderate	Some people say that my actions are difficult or odd.
Mild	Lots of energy. I may be busier than normal, or more disorganized.

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#### Stable Mood

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#### Depression

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Mild	Low mood but can function normally.
Low moderate	I need some extra effort in my usual roles.
High moderate	It takes a lot of extra effort to carry out normal roles and routines.
Severe	I am largely unable to function because of depression.

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Please note:

- When a Mania state is unpleasant (“dysphoric”), please note by checking (✓) the top line of the mania section.
- If hospitalized, use an x-mark (✗) to continue rating the severity of your mood.

#### ② Track your medications

List the medications your doctor has prescribed in the spaces provided. Note the total daily dosages and number of tablets 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 that day in the appropriate space.

#### ③ Note the sleep you got

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

#### ④ For women, note your menstrual period (if applicable)

Place a check mark (✓) by the days you have your menstrual period.

### Page Two:

#### Record significant events each day

The second page of the Mood Diary has more space for you to record meaningful daily events. For each day, record the following:

#### ⑤ Write down life events

Enter important events of the day, such as “fight with friend,” “enjoyed Ted’s birthday party,” “trouble with work tasks,” and so on.

#### ⑥ Note side effects

Side effects are things like a dry mouth or dizziness. Record any side effects from your medication(s). Note how strong your discomfort is or how much the side effect keeps you from normal function. Place a check mark (✓) in the appropriate Mild/Moderate/Severe box.

#### ⑦ Other symptoms

Write in any other symptoms or problems you experience each day – like anxiety, alcohol abuse, paranoia, or a bad headache. Keep noting if these symptoms continue as the days go by.

# Daily Mood Diary



Name Jayne Month May Year 2003

Day of the Month		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	
<b>M A N I A</b>	Dysphoric mania (✓) if yes																																
	Severe	<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"/>	
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<b>②</b> Medication Name(s)	Daily dose	# of pills per day	Total number of pills taken per day																														
ZYPREXA	5mg	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Synthroid	.01mg	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Lorazepam	2mg	4	1	2	4	4	5	5	2																								

**SAMPLE PAGE**

<b>③</b> Record hours of nighttime sleep	8	8	7	7	6	7	8	9	7	8	5	6	5	4																		
<b>④</b> Menstrual period (✓) if yes								✓	✓	✓	✓																					

# Daily Mood Diary

Name Jayne

Month May

Year 2003



Day	⑤ Life event	⑥ Side effects	⑦ Other symptoms		
			Mild	Moderate	Severe
1	Good day at work	none			
2	same	none			
3	Enjoyed family visit	dry mouth			
4		dry mouth			
5		dizzy	✓		
6	Depressed				Had 2 drinks
7	Feeling very blue & down				
8	still down				
9	Long walk				
10	Exercised				
11	Big mood swing	dizzy		✓	
12		dizzy			panic attack
13	Fight with friend				
14	manic talking, up very late				
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**SAMPLE PAGE**

# Daily Mood Diary



Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Day of the Month		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					
<b>M A N I A</b>	Dysphoric mania (✓) if yes																																				
	Severe	<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"/>					
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<b>②</b>	<b>Medication Name(s)</b>	<b>Daily dose</b>	<b># of pills per day</b>	<b>Total number of pills taken per day</b>																																	
<b>③</b>	<b>Record hours of nighttime sleep</b>																																				
<b>④</b>	<b>Menstrual period (✓) if yes</b>																																				

# Daily Mood Diary

Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_



Day	⑤ Life event	⑥ Side effects	Mild	Moderate	Severe	⑦ Other symptoms
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