

# CAIRN CENTER

## Daily Mood Chart

Adapted from Sachs, G (1996): J. Clin. Psychopharm. 16:2(suppl 1) p47S

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

Month/ year: \_\_\_\_\_

Date  (circle for menses)	Exercise /Medication (enter amounts, note dose changes)					Anxiety 1-10 scale	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 your doctor, connections you suspect; side effects; problems taking medications; <b>any episodes of hallucinations/paranoia</b>  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		Low energy/mood			nl normal mood	Agitation/ anxiety/ "up"			increased sleep	normal sleep			insomnia
			mg	mg	mg		cannot work ++	d impaired ++	d impaired +		not d impaired +	d not impaired ++	d impaired ++					
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