

# Psychopharmacology TIDBITS



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## -TB- Daily Mood Diary.

How to use the Daily Mood Diary:

- **Medications**: List all medications that you took today and when you took them; including those medications bought without a prescription like aspirin or Tums.
- **Activities**: Write down what you did today. Did anything happen that might have made you happy or unhappy? Examples: walked the dog, had an argument, missed the bus.
- **Exercise**: Exercise is an important part of a healthy lifestyle. Write down any exercise that you did today and how long you spent doing it. Examples: walking, swimming, cleaning the house, yard work, biking.
- **Food Diary**: List all the foods you ate today, including snacks.
- **Mood**: Circle the number on the scale that shows your highest and lowest moods for the day.
  - **Depressed (-5 to -1)**: Feeling sad, no interest in daily activities, difficulty concentrating, hopeless, changes in sleep or appetite.
  - **Even Mood (0)**: Feeling the way you would like to feel most of the time.
  - **Elevated (+1 to +5)**: Feeling restless, little need for sleep, distracted, irritable, really “high.”
- **Sleep**: Circle the number on the scale that shows how well you slept.
  - **Woke up tired (-5 to -1)**: Feeling sleepy all the time, waking up feeling tired, no energy.
  - **Good Sleep (0)**: Getting sound sleep at night, waking up feeling rested, refreshed, energetic.
  - **Difficulty Sleeping (+1 to +5)**: Having difficulty falling or staying asleep, waking up feeling agitated.
- **Function**: Circle the number on the scale that shows how your day went.
  - **Can Reach Goals (1 to 3)**: Examples: Cleaned the house, finished all work, called a friend, attended meetings.
  - **Some difficulty (4 to 7)**: Examples: Began a task but didn’t finish it, struggled to get a task done.
  - **Great difficulty (8 to 10)**: Examples: Couldn’t do the shopping, couldn’t concentrate on completing a task.

**Daily Mood Diary**

Date: \_\_\_\_\_ Weight: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exercise: \_\_\_\_\_ (min.)

\_\_\_\_\_ (min.)

**Scales:**

**Mood:** Circle the number that shows your highest and lowest moods for the day.

-5 -4 -3 -2 -1 0 1 2 3 4 5

Depressed Even Mood Elevated

**Sleep:** Circle the number that shows how well you slept.

-5 -4 -3 -2 -1 0 1 2 3 4 5

Woke Up Tired Good Sleep Difficulty Sleeping

**Function:** Circle the number that shows how your day went.

1 2 3 4 5 6 7 8 9 10

Can Reach Goals Some Difficulty Great Difficulty

**Food Diary**

**Breakfast**

**Lunch**

**Dinner**

**Snacks**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Medications: \_\_\_\_\_  
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\_\_\_\_\_

Activities: \_\_\_\_\_  
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Exercise: \_\_\_\_\_ (min.)

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_____	_____	_____	_____
_____	_____	_____	_____