

*Lilly*

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**MOOD DIARY**  
*MOOD DIARY*

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

Day	Life event	Side effects	Mild	Moderate	Severe	Other symptoms
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## 1 RATE YOUR MOOD EPISODES

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

Use this scale to gauge your day:

### Mania

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

### Stable

I feel okay and can function normally.

### Depression

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

Please note: • When a Mania state is unpleasant ("dysphoric"), please note by ticking (✓) the top line of the mania section. • If hospitalised, use an x-mark ( X )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.

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## 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 tick (✓) 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.

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Day	Life event	Side effects	Mild	Moderate	Severe	Other symptoms
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