

EXERCISE 6.1 MOOD CHART

Name: _____ Month: _____ Week: _____

At the same time each day, fill in this week's chart. For the mood and stress ratings, use the scale at the top of the chart. Make notes in the spaces provided to describe the nature of your stress, the situation around alcohol/drug use, and other notes about the day.

Base your ratings below on a scale from 0 - 10: 0 = None at all; 5 = Moderate amount; 10 = Extreme amount

		Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Mood Ratings	Depression (0 - 10)							
	Hypomania (0 - 10)							
	Irritability (0 - 10)							
	Anxiety (0 - 10)							
Stress Rating	Stress (0 - 10)							
	Notes							
Sleep	How many hours of sleep did you get?							
Meds	Medications taken as prescribed? (yes/no)							
Alcohol, Drugs	Number of drinks; type and amount of drug/s							
	Notes							
Exercise	How well did you stick to your exercise plan? 0 = Right on target 5 = Moderately well 10 = Not at all							
Daily Notes	Things that impact your mood, daily activities, interactions with others, etc.							