

# Mood Chart

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

Date	Exercise /Medication (enter amounts, note dose <i>changes</i> )						Energy/Mood						Sleep			Irritability	Events/Notes/Observations	
	Exercise type	How long	med 1	med 2	med 3	med 4	(can use two check marks: worst and best for each day)						check one, or enter <i>hours</i>			0-3 scale	Questions to ask, connections you suspect;  or significant events that might affect mood — interactions, successes, disappointments, anniversaries, illness, losses, etc.	
(circle for menses)	Walk Swim Run Bike Etc.		mg	mg	mg	mg	Low energy/mood			normal mood	Agitation/anxiety/ "up"			increased sleep	normal sleep	insomnia		
							cannot work	impaired	not impaired		impaired	not impaired	cannot work				impaired	
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