

# Mood Tracking Journal

**TRACKING JOURNAL FOR THE MONTH OF \_\_\_\_\_**

*Key dates to remember:* Next appointment with your doctor \_\_\_\_\_ Date to refill your medications \_\_\_\_\_

Enter your information every day and bring the completed journal with you to your next doctor's appointment.

**Record the medications you take every day.**

List the primary medications you are currently taking for your bipolar disorder and the dosage for each. If you take more than five medications, ask your doctor which ones are most appropriate to include for this journal.

Medication 1: \_\_\_\_\_ Amount: \_\_\_\_\_ Time(s) of day: \_\_\_\_\_  
 Medication 2: \_\_\_\_\_ Amount: \_\_\_\_\_ Time(s) of day: \_\_\_\_\_  
 Medication 3: \_\_\_\_\_ Amount: \_\_\_\_\_ Time(s) of day: \_\_\_\_\_  
 Medication 4: \_\_\_\_\_ Amount: \_\_\_\_\_ Time(s) of day: \_\_\_\_\_  
 Medication 5: \_\_\_\_\_ Amount: \_\_\_\_\_ Time(s) of day: \_\_\_\_\_

Under each day, check the boxes next to the medications you took.

MEDICATIONS	DAY																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1:																																
2:																																
3:																																
4:																																
5:																																

**Rate your daily mood.**

Check the box that best describes your mood each day.

		DAY																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>ELEVATED</b> <small>(manic highs)</small>	Severe																															
	Moderate																															
	Mild																															
	<b>STABLE</b>																															
<b>DEPRESSED</b> <small>(depressive lows)</small>	Mild																															
	Moderate																															
	Severe																															

**Record your lifestyle.**

Track your hours of sleep, number of meals, and number of snacks each day.

	DAY																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Hours of sleep																																
Number of meals																																
Number of snacks																																

Keep track of anything that may have affected your mood during the day, either in a negative or positive way. Some examples may include:

**Physical activity**

**Relaxation time**

**Stress at home or work**

**Spending time with friends**

**Physical illness**

**Major life event**

**Menstrual period**

**Went to a support group**

**Medication side effects**

Write these in the left column below, and feel free to add some of your own if needed.

	DAY																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

*Remember that it's important for you and your doctor to discuss your journal as well as any questions or concerns you have about your medications or treatment plan. So be sure yours is up to date and bring it with you to your next appointment with your doctor.*

