

Dr. Colleen Blanchfield

Mood Log

Name: _____

			Number of Tablets taken per Day																														
Year:	Month:	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
Medication Name	Dose	Frequency																															

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Year:	Month:	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
Severe - Essentially incapacitated or Hospitalized																																	
High Moderate - Great difficulty with goal-oriented activity																																	
Low Moderate - Some Difficulty with Goal-oriented activity																																	
Mild - Energized & productive with little o no functional impairment																																	
Stable																																	
Mild - Little or no funtional impairment																																	
Low Moderalte - Functioning with some effort																																	
High Moderate - Funtioning with great effort																																	
Severe - Essentially lincapacitated or Hospitalized																																	

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Hours Slept Last Night:																																	
Anxiety 0 = None 1 = Mild 2 = Moderate 3 = Severe																																	
Irritability 0 = None 1 = Mild 2 = Moderate 3 = Severe																																	
Strange Ideas, Hallucinations, etc. (check day if yes)																																	
Menstrual Period (check day if yes)																																	

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