*Dr. Colleen Blanchfield*

Name: _____

# Mood Log

| Year: Month: Day : | Number of Tablets taken per Day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 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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| Mania / Depressed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 to no functional impairment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exercise - 20 minutes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Phone 703-481-9111 Fax 703-707-8657

# *Dr. Colleen Blanchfield*

Name: _____

## Mood Log

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