Name: _____ **Month:** _____ **YEAR:** _____

	DAYS		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
MANIA	Severe	Significant impairment Not able to work																															
	Moderate	Significant impairment Able to work																															
	Mild	Without significant Impairment																															
NORMAL																																	
	NORMAL																																
DEPRESSED	Mild	Without significant Impairment																															
	Moderate	Significant impairment Able to work																															
	Severe	Significant impairment Not able to work																															
	Anxiety	0=None 1=Mild 2=Moderate 3=Severe																															
	Irritability																																
	Hours slept																																
	Fruits																																
	Vegetables																																
	Minutes of Daily Exercise																																
	Weekly Weight =																																
	Stressors:																																

Mania	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
Abnormal or excessive elation																															
Unusual irritabilty																															
Decreased need for sleep																															
Grandiose notions																															
Increased talking																															
Racing thoughts																															
Increased sexual desire																															
Markedly increeased energy																															
Poor judgment																															
Inappropriate social behavior																															

Depression	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
Persistant sad, anxious, or "empty" mood																															
Feelings of hopelessness, pessimism																															
Feelings of guilt, worthlessness, helplessness																															
Loss of interest or pleasure in hobbies and activities that were once enjoyed including sex																															
Decreased energy, fatigue, being"slowed down".																															
Difficulty concentrating, remembering making decisions																															
Insomnia, early morning awakening, or oversleeping																															
Appitite and/or weight loss or overeating and weight gain																															
Thoughts of death or suicide, suicide attempts																															
Restlessness, irritabilty																															
Persistant physical systoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain																															

Medications (name/mg)																															