

DAILY MOOD TRACKER

Mental Wellness Record

Month: _____ Year: _____

DATE / DAY	MOOD INTENSITY (1-10)	SLEEP (HRS)	PRIMARY TRIGGERS / EMOTIONS
Monday		_____	
Tuesday		_____	
Wednesday		_____	
Thursday		_____	
Friday		_____	
Saturday		_____	
Sunday		_____	

Weekly Victories & Positive Moments

Coping Strategies Used

Physical Symptoms (Anxiety, Fatigue, etc.)

Goals for Next Week

This log is a personal tool and does not replace professional medical advice.