

DAILY MOOD & SYMPTOM TRACKER

Month: _____ Year: _____

-3: Severe Depression -1: Mild Low 0: Stable +1: Hypomania +3: Severe Mania

CATEGORY	M	T	W	T	F	S	S
Mood (AM)							
Mood (PM)							
Sleep (Hours)							
Anxiety (0-10)							
Irritability							
Energy Level							
Medication Taken	[]	[]	[]	[]	[]	[]	[]
Triggers & Stressors							
Self-Care & Wins							

Note: This tool is for personal tracking and should be shared with your healthcare provider.