



Mood dairy

 **Mylan**

Seeing
is believing

Name:

Doctor **Tel No:**

WHAT IS THIS DIARY FOR?

Understanding the pattern of your mood symptoms is critical to successful treatment. During a visit with your doctor, trying to remember your symptoms over the past few weeks or months can be difficult, especially if you are ill. By recording your mood daily, you will have much more reliable information to help your doctor decide what treatment is best for your condition.

The mood charts in this diary are intended to provide you with a simple way of monitoring your illness. Mood charting will allow you to bring together important pieces of information such as your mood state, medication levels, and stressful events. Recording this information on your chart generates a simple graph on which you can see emerging patterns that otherwise might be difficult to identify.

Mood charting is a good way to record events chronologically and will help you to report your mood to your doctor more efficiently. After a few months the mood chart can be a useful tool for looking to the future. Once you begin to track your mood and become accustomed to the chart, you will find it very quick and easy to enter information each day.

HOW DO I USE THIS DIARY?

The diary is designed to be simple to use. Each month is divided into two sections. The first section contains the chart for monitoring your mood and the second provides additional space, for you to record any events that affected your health or mood.

WHEN DO I USE THIS DIARY?

Please complete the chart daily. Ideally you should fill in the chart before bedtime so you can think about your day. The more information you include in your diary, the more useful it will be for your doctor.

INSTRUCTIONS FOR RECORDING INFORMATION

The first month in this diary is an example of a completed mood chart.

PLEASE KEEP THIS DIARY WHERE YOU CAN SEE IT EVERY DAY

GENERAL INSTRUCTIONS

Fill in your name, and the month and year at the top of the page. Each page charts 1 month at a time. Begin on the appropriate day of the month and continue charting until the end of that month.

MOOD RATINGS

Please see the Mood Scale, on the ruler insert, for different ratings. For each day mark the appropriate boxes that describe the highest and lowest moods you experienced. The Mood Scale is divided into three sections: elevated, normal and depressed mood. The sections for elevated and depressed moods are designed to rate how the severity of these moods impaired your ability to function normally.
SEE MONTHLY MOOD CHART EXAMPLE.

RECORD YOUR ANXIETY/IRRITABILITY

On a scale of 0 - 3, rate your level of anxiety and irritability for the day (where 0 = none, 1 = mild, 2 = moderate, and 3 = severe).
SEE MONTHLY MOOD CHART EXAMPLE.

MEDICATION

At the beginning of each month, please record the name and dosage of your prescribed medication with the help of your doctor. At the end of each day write in the number of tablets that you have taken that day. Leave the box blank if the medication was not taken. SEE MONTHLY MOOD CHART EXAMPLE. You will also find space to record additional medications on the next page of the diary.

INDICATE YOUR MENSTRUAL PERIOD (FOR FEMALE PATIENTS)

Circle the dates to indicate the days of your menstrual period.

HOURS SLEPT

Estimate the number of hours of sleep you had the previous night.

WEIGHT

Please record your weight on the 28th day of each month.

FURTHER INFORMATION

A blank row has been provided so that you can record any additional problems you have experienced (e.g., panic attacks, alcoholism, binge eating, etc.).

DAILY NOTES

The next page in the diary provides space for you to note any significant events that occurred each day and may have contributed to your mood state.
SEE MONTHLY MOOD CHART EXAMPLE.

John Smith

October

2000

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	
Severe												X	X	X																		
Moderate												X			X												X					
Mild				X							X																					
Normal	X	X	X	X	X	X	X	X	X	X				X																		
Mild	X	X	X	X	X	X	X	X	X						X											X						
Moderate							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Severe																																
Anxiety	0	0	1	0	0	0	0	0	1	2	2	3	1	1	1	0	1	2	2	2	2	2	1	1	2	1	1	2	1	0	0	
Irritability	0	0	1	0	0	1	2	3	3	2	2	1	3	3	3	2	1	2	3	2	2	2	2	2	2	2	3	1	0	0		
Weight on day 28																																
Hours slept	8	8	8	8	8	9	9	9	10	9	8	6	5	5	6	6	7	8	9	10	9	9	8	8	8	7	7	6	7	7		
Medication (name & mg)																																
Lithium / 300	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	
Olanzapine / 0.5	1	1	1	1	1	1	1	1	1	1	1	3	3	3	2	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	1	

Elevated

Normal

Depressed

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
Elevated	Severe	Significant improvement Not able to work																														
	Moderate	Significant improvement Able to work																														
	Mild	Without significant improvement																														
Normal	Normal																															
	Mild	Without significant improvement																														
Depressed	Moderate	Significant improvement Able to work																														
	Severe	Significant improvement Not able to work																														
	Anxiety	0 = None 1 = Mild 2 = Moderate 3 = Severe																														
Irritability																																
Weight on day 28																																
Hours slept																																
Medication (name & mg)																																

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
Elevated	Severe	Significant improvement Not able to work																														
	Moderate	Significant improvement Able to work																														
	Mild	Without significant improvement																														
Normal	Normal																															
	Mild	Without significant improvement																														
Depressed	Moderate	Significant improvement Able to work																														
	Severe	Significant improvement Not able to work																														
	Anxiety	0 = None 1 = Mild 2 = Moderate 3 = Severe																														
Irritability																																
Weight on day 28																																
Hours slept																																
Medication (name & mg)																																

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
Elevated	Severe	Significant improvement Not able to work																														
	Moderate	Significant improvement Able to work																														
	Mild	Without significant improvement																														
Normal	Normal																															
	Mild	Without significant improvement																														
Depressed	Moderate	Significant improvement Able to work																														
	Severe	Significant improvement Not able to work																														
	Anxiety	0 = None 1 = Mild 2 = Moderate 3 = Severe																														
Irritability																																
Weight on day 28																																
Hours slept																																
Medication (name & mg)																																

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
Elevated	Severe	Significant improvement Not able to work																														
	Moderate	Significant improvement Able to work																														
	Mild	Without significant improvement																														
Normal	Normal																															
	Mild	Without significant improvement																														
Depressed	Moderate	Significant improvement Able to work																														
	Severe	Significant improvement Not able to work																														
	Anxiety	0 = None 1 = Mild 2 = Moderate 3 = Severe																														
Irritability																																
Weight on day 28																																
Hours slept																																
Medication (name & mg)																																



tollfree number 0800 41 42 43

SMS	31393
Website	www.sadag.org
Email	office@anxiety.org.za
Facebook	"The South African Depression and Anxiety Group"
Twitter	@TheSADAG

Mylan (Pty) Ltd. Reg. No.: 1949/035112/07.
Building 6, Greenstone Hill Office Park, Emerald Boulevard, Modderfontein, 1645.
Tel: (011) 451 1300. Fax: (011) 451 1400. www.mylansa.co.za

For full prescribing information refer to the package insert approved by the medicines regulatory authority.

M0251 December-13.

 **Mylan**
Seeing
is believing