Mood Tracker

Month_____ Year_____ Weight _____

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																															
	Moderate																															
	Mild																															
STABLE																																
Depressed	Mild																															
	Moderate																															
	Severe																															

3 Major Symptoms (tension, anxiety, headaches, upset stomach, irritability, depression, etc)																																
3 Major Behaviors (isolation, yelling, crying, avoidance, called in sick, skipped a meal, cancelled an activity, etc)																																

On a scale of 1 – 10, how would you rate the following? 1 being very poor and 10 being very well.																																
Sleeping																																
Eating																																
Physical activity																																

3 Major Self Care Activities (meditation, deep breathing, walking, journaling, debriefing, exercise, self massage, etc) **REMEMBER SELF AWARENESS AND SELF COMPASSION**																																