CURRENT MEDICATION

DATE		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
DAY																															
Rate your mood from 0-3 with an X 3 being the lowest or highest mood you have ever experienced																															
HIGH MOOD	3																														
	2																														
	1																														
LOW MOOD	1																														
	2																														
	3																														
TOTAL HOURS SLEPT																															
Rate intensity from 0-Not an Issue 1-Present but Manageable 2- Mild Severe Intense 3-Debilitating																															
LOW SELF ESTEEM																															
ANXIETY																															
IRRITABILITY																															
HOPELESSNESS																															
LACK OF MOTIVATION																															
SUICIDAL THOUGHTS																															
Mark with an X or highlighter if you experienced any of these behaviors or events																															
SELF HARM																															
DRUGS/ALCOHOL																															
MEDICATION																															
RELATIONSHIP CONFLICT																															
MENSTRUAL CYCLE																															
THERAPY																															