

MEASURE™

Modeling Effective Antipsychotic Therapeutic Success by Utilizing Real Evidence

P A T I E N T E D U C A T I O N T O O L S

Mood Tracking Diary

INSTRUCTIONS: Keep track of your daily mood by checking [X] the box in the matching column. Also track your sleep and medications using the second chart below. When completed, share the diary with your health care provider

Month: _____ Year: _____

		DAY	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	
MANIA	Severe (essentially incapacitated)																																	
	Moderate (difficulty with goal-oriented activity)																																	
	Mild (more energized than usual; routine not affected)																																	
Usual Routine (stable)																																		
DEPRESSION	Mild (slightly melancholy; routine not affected)																																	
	Moderate (functioning with some effort)																																	
	Severe (essentially incapacitated)																																	

YOUR PRESCRIPTION			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				
Medication Name	Daily Dose	# of Pills/Day	Total Number of Pills Taken Per Day																																		
RECORD HOURS OF NIGHTTIME SLEEP																																					