Daily Mood Graph

gp psych support

Name _____

Address _____

Phone _____

Age **Sex** _____

Medication/Dose Duration _____

Mood Graph

Fill in this mood graph every evening. At the end of the day rate your overall mood for the morning (am) and afternoon (pm) by placing a dot in the corresponding columns. The rating 9-10 is the best you can feel and 0-1 the worst. An example is provided on the first page.

Sleep

Fill in the amount of hours you slept the previous night

Other

This section is for your comments. For example, extra medication needed, an event in your life or activity (e.g. gym)

General

Take this mood graph with you each time you visit your doctor. It will allow your doctor to track your progress. It is important that you take your medication regularly as directed by your doctor.

Please call your doctor if you have any enquiries.

Phone _____

1. Keep taking your antidepressant for as long as your doctor tells you to.
2. Do not stop taking your antidepressant even if you begin to feel better.
3. For best effects, your antidepressant must be taken regularly.

	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
	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
BEST																															
Daily Mood Scale 9																															
8																															
7																															
6																															
5																															
4																															
3																															
2																															
1																															
WORST																															
Hours of sleep																															
Other Comments, Medications, Activities																															