Year:	Month:	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

Medication Name:	Dose:	Frequency:	Total Number of Tablets Taken per Day:																													

		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
MANIA	**SEVERE** – Essentially incapacitated or **Hospitalized**	
	HIGH MODERATE GREAT difficulty with goal-oriented activity	
	LOW MODERATE SOME difficulty with goal-oriented activity	
	MILD More energized & productive with little or no functional impairment	
	STABLE	
Depression	**MILD** Little or no functional impairment	
	LOW MODERATE Functioning with SOME effort	
	HIGH MODERATE Functioning with GREAT effort	
	SEVERE Essentially incapacitated or **Hospitalized**	
Hours Slept Last Night:		
Number of Mood Switches this day:		
Anxiety: 0=none, 1=mild, 2= moderate, 3=severe		
Irritability: 0=none, 1=mild, 2=moderate, 3=severe		
Strange Ideas, Hallucinations, etc. (check day if Yes)		
Menstrual Period (check day if Yes)		
	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

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