

Name: _____

My Mood Chart for _____

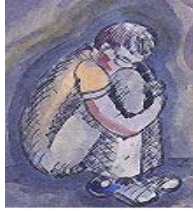
Today's date _____

In the **morning** I felt:

(circle all the ways you felt)



Sad/Depressed



Scared/Anxious



Sick/Yuck!



Good/ O.K.



Happy



Hyper/Silly



Angry/Irritable

In the **afternoon** I felt:



Sad/Depressed



Scared/Anxious



Sick/Yuck!



Good/ O.K.



Happy



Hyper/Silly



Angry/Irritable

In the **evening** I felt:



Sad/Depressed



Scared/Anxious



Sick/Yuck!



Good/ O.K.



Happy



Hyper/Silly



Angry/Irritable

Last night I fell asleep at _____:_____

This morning I woke up at _____:_____

Today I took all my medicine: (circle one) on time late early oops! forgot: _____

Last night I took my medicine: (circle one) on time late early oops! forgot: _____

New medicine I started or medicine I stopped: _____

Something I want to tell my doctor: _____