

My Mood Chart for _____ (date)

In the **morning** I felt:

(mark the boxes that shows how you felt)



Depressed



Anxious



Sick/Yuck!



Good/ O.K.



Happy



Hyper/Silly



Angry/Irritable

In the **afternoon** I felt:



Depressed



Anxious



Sick/Yuck!



Good/ O.K.



Happy



Hyper/Silly



Angry/Irritable

In the **evening** I felt:



Depressed



Anxious



Sick/Yuck!



Good/ O.K.



Happy



Hyper/Silly



Angry/Irritable

I fell asleep at _____:_____ I woke up at _____:_____ I took a nap today

I slept all night I had trouble staying asleep I had a nightmare

I took my medicine: on time late or early forgot a dose _____

New medicine I started or medicine I stopped: _____

School was: awesome good/okay awful

What made school that way: _____

What helped in school today: _____

What I can try in school tomorrow: _____

My body felt: good headache stomach ache dizzy tired

Today was: stressful relaxing in between/okay

What made it that way: _____

Relaxation techniques I tried: deep breathing counting to ten quiet zone exercise
 calm music warm bath/shower meditation writing/drawing other _____

Techniques to try tomorrow: deep breathing counting to ten quiet zone exercise
 calm music warm bath/shower meditation writing/drawing other _____

My scary thoughts: _____

What I'm proud of today: did my best was respectful calmed down on my own

was a good friend identified my feelings did my homework other _____

My goal for tomorrow: do my best be respectful calm down on my own

be a good friend identify my feelings do my homework other _____

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