Daily Record for Patient Name

Date/ Time	Moods and Feelings (check all that apply)	Physical Symptoms	Medication (name/dose taken)	Sleep (time amount)	Weather (check all that apply)	Exercise (what/time spent)	Patient/Caregiver's Observations
	Scale: 1 2 3 4 5 6 7 8 9 10 □ Frustrated □ Angry □ Agitated □ Irritable □ Indecisive □ Confused □ Unmotivated □ Stressed □ Zoned Out/Stare □ Despondent □ Anxious □ Nervous □ Worried □ Overwhelmed □ Want to Die □ Unhappy □ Loss of Will/Fighting Spirit □ Defeated □ Sad □ Teary/Crying □ Hopeless □ Suicidal Ideas □Violent Thoughts	□ Insomnia □ Exhausted □ Tired / Low Energy □ Upset Stomach □ Diarrhea □ Constipation □ Headache			□ Sunny □ Cloudy □ Rainy □ Snowing □ Windy □ Cold □ Cool □ Warm □ Hot		
	Scale: 1 2 3 4 5 6 7 8 9 10 □ Frustrated □ Angry □ Agitated □ Irritable □ Indecisive □ Confused □ Unmotivated □ Stressed □ Zoned Out/Stare □ Despondent □ Anxious □ Nervous □ Worried □ Overwhelmed □ Want to Die □ Unhappy □ Loss of Will/Fighting Spirit □ Defeated □ Sad □ Teary/Crying □ Hopeless □ Suicidal Ideas □Violent Thoughts	□ Insomnia □ Exhausted □ Tired / Low Energy □ Upset Stomach □ Diarrhea □ Constipation □ Headache			□ Sunny □ Cloudy □ Rainy □ Snowing □ Windy □ Cold □ Cool □ Warm □ Hot		
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	Scale: 1 2 3 4 5 6 7 8 9 10 □ Frustrated □ Angry □ Agitated □ Irritable □ Indecisive □ Confused □ Unmotivated □ Stressed □ Zoned Out/Stare □ Despondent □ Anxious □ Nervous □ Worried	□ Insomnia □ Exhausted □ Tired / Low Energy □ Upset Stomach □ Diarrhea			□ Sunny □ Cloudy □ Rainy □ Snowing □ Windy □ Cold		

Scale Rating: 1 2 3 4 5 6 7 8 9 10
Miserable Happy

	□ Overwhelmed □ Want to Die □ Unhappy □ Loss of Will/Fighting Spirit □ Defeated □ Sad □ Teary/Crying □ Hopeless □ Suicidal Ideas □Violent Thoughts	□ Constipation □ Headache			□ Cool □ Warm □ Hot		

Create an entry each time you (the patient) take a medication. It may not be necessary to enter info into the Exercise column, i.e. if you exercise 1 time/day.

Scale Rating: 1 2 3 4 5 6 7 8 9 10
Miserable Happy