

Mood & Goal Tracking Diary

For the Month of _____

Enter your information every day and bring the completed diary with you to your next healthcare provider (HCP) appointment.

STEP 1: Record the medications you take every day. List the primary medications you are currently taking for your moods and the dosage for each. If you take more than 5 medications, ask your counselor which ones are most appropriate to include.

Medication 1: _____	Amount: _____	Time of Day: _____
Medication 2: _____	Amount: _____	Time of Day: _____
Medication 3: _____	Amount: _____	Time of Day: _____
Medication 4: _____	Amount: _____	Time of Day: _____
Medication 5: _____	Amount: _____	Time of Day: _____

Check the boxes for each medication, you took today.

Day	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 1																															
Medication 2																															
Medication 3																															
Medication 4																															
Medication 5																															

STEP 2: Rate your daily mood. Check the box that best describes your mood today.

Day	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
ELEVATED																															
Severe																															
Moderate																															
Mild																															
STABLE																															
Mild																															
Moderate																															
Severe																															
DEPRESSED																															

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