



Mood Symptom Tracking

Patient's Name: _____ **Completed By:** _____

On specified date, please rate each symptom by circling the number that best describes the symptoms or severity of challenge.

Frequency Code: 0 = Never 1 = Occasionally 2 = Often 3 = Very Often

Date to complete rating:				
<i>How often do you or your child. . .</i>	Week 1	Week 2	Week 3	Week 4
Feel depressed or irritable most of the day	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Experience diminished interest or pleasure in activities	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Experience a change in appetite (increase or decrease)	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Experience significant weight changes	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Experience difficulty sleeping	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Experience sleeping too much	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Feel restless or agitated	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Feel tired or without energy, slowed down	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Feel worthless or guilty	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Experience thoughts of death or suicide	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Experience decreased ability to concentrate	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Experience interference of these behaviors with school, work, friends or family relationships	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
<i>Has there been a period of time when you were not your usual self and. . .</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
You felt so good or so hyper that other people noticed and/or that you got into trouble	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
You were so irritable that you shouted at people or started fights or arguments	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
You felt much more self-confident than usual	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
You got much less sleep than usual and found that you didn't really miss it	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
You were much more talkative or spoke much faster than usual	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Thoughts raced through your head or you couldn't slow your mind down	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
You were easily distracted by things around you	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
You had much more energy than usual	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
You were much more active or did many more things than usual	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
You were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
You did things that were unusual for you or that other people might have thought were excessive, foolish, or risky	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Spending money got you or your family into trouble	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

Thank you for your help! Please fax the ratings to Melmed Center at (480)-443-4018.