Mood rating	Day 1:			Day 2:			Day 3:			Day 4:			Day 5:			Day 6:			Day 7:		
	AM	Mid	PM	AM	Mid	PM	AM	Mid	PM	AM	Mid	PM	AM	Mid	PM	AM	Mid	PM	AM	Mid	PM
10 *Best mood* 9 8 7 6 5 4 3 2 1 *Worst mood*																					
What did you do on this day? Were there any significant (positive or negative) events that occurred?																					
Were there any thoughts, worries or problems that were bothering you?																					
What medications did you use?																					
How much alcohol or other drugs did you consume?																					
How much sleep did you get the night before?																					