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## Monthly Mood/Trauma Chart

For Mood, rate 1 as the most depressed, and 10 as manic. Rate each \* question at the end of each day with the scale of 0 to 10 ( 0 being no symptoms, and 10 being the worst). Answer each # questions at the end of each day with the N for No, or if Yes, the 1 to 10 scale.

<b>symptoms</b> , and 10 k Mood-Low to high	pein	gine	e wo	rst).	An:	swer	ead	on#	que	estior	18 at	tne	enc	OT	eacı I	n da I	ıy WI	tn tr	ne iv	IOI	NO, (	OF II	yes,	tne	1 10	10 8	cale	€.			_
#Does your mood																															
feel in a normal range?																															
DAYS of the MONTH	1	2	3	4	5	6	7	8	9	1 0	1 1	1 2	1	1 4	1 5	1	1 7	1 8	1 9	2	2 1	2	2	2	2 5	2	2 7	2 8	2 9	3 0	3 1
*Anxiety																															
*Irritability																															
#Are you having any PTSD symptoms?																															
#Are you having any Dissociative symptoms?																															
#Are you having any hallucinations?																															
DAYS of the MONTH	1	2	3	4	5	6	7	8	9	1	1 1	1 2	1	1	1 5	1	1 7	1 8	1 9	2	2	2 2	2	2	2 5	2	2 7	2	2 9	3	3 1
#Are you having any suicidal thoughts?																															
#Did you take your meds today?																															
Number of Hours Slept last night																															
Notes for your therapist/Physician																															