Hope Recovery,
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Monthly Mood/Trauma Chart

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 0 to 10 scale**.

*Elevated Mood																															
*Depressed Mood																															
#Does your mood feel in a normal range?																															
DAYS of the MONTH	**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**
*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**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**
#Are you having any suicidal thoughts?																															
#Did you take your meds today?																															
Number of Hours Slept last night																															
Notes for your therapist/Physician																															