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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**.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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**Blood Sugar Tracking * Month: _____**

| DAYS | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st Check (Time) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reading | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2nd Check (Time) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reading | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3rd Check (Time) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reading | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAYS | 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 |
| 4th Check (Time) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reading | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5th Check (Time) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reading | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |