

## Mood and anxiety journal

Name: \_\_\_\_\_

|                     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date                |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Medication          |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anxiety and tension | 15-21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 10-14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 5-9   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 0-4   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Low mood            | 0-4   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 5-9   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 10-14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 15-19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 20-27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Events              |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Instructions:** Rate your mood and your level of anxiety using the scales on the reverse. Write the date of each rating in the top row, then mark your scores in the rows they belong to. In the "Medication" row write any change in medication: starting or stopping a drug, and any change of dose. In the "Events" row write the significant events of that week, any stressors, and the start or end of a treatment (diet, psychotherapy, exercise).



## Low mood symptoms

Over the last week, how often have you been bothered by any of the following?

|                                                                                                                                                                          | Not at all | Several days | More than half the days | Nearly every day |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|-------------------------|------------------|
| Little interest or pleasure in doing things                                                                                                                              | 0          | 1            | 2                       | 3                |
| Feeling down, depressed, or hopeless                                                                                                                                     | 0          | 1            | 2                       | 3                |
| Trouble falling or staying asleep, or sleeping too much                                                                                                                  | 0          | 1            | 2                       | 3                |
| Feeling tired or having little energy                                                                                                                                    | 0          | 1            | 2                       | 3                |
| Poor appetite or overeating                                                                                                                                              | 0          | 1            | 2                       | 3                |
| Feeling bad about yourself — or that you are a failure or have let yourself or your family down                                                                          | 0          | 1            | 2                       | 3                |
| Trouble concentrating on things, such as reading the newspaper or watching television                                                                                    | 0          | 1            | 2                       | 3                |
| Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0          | 1            | 2                       | 3                |
| Thoughts that you would be better off dead or of hurting yourself in some way                                                                                            | 0          | 1            | 2                       | 3                |

## Anxiety and tension symptoms

Over the last week, how often have you been bothered by any of the following?

|                                                   | Not at all | Several days | More than half the days | Nearly every day |
|---------------------------------------------------|------------|--------------|-------------------------|------------------|
| Feeling nervous, anxious or on edge               | 0          | 1            | 2                       | 3                |
| Not being able to stop or control worrying        | 0          | 1            | 2                       | 3                |
| Worrying too much about different things          | 0          | 1            | 2                       | 3                |
| Trouble relaxing                                  | 0          | 1            | 2                       | 3                |
| Being so restless that it is hard to sit still    | 0          | 1            | 2                       | 3                |
| Becoming easily annoyed or irritable              | 0          | 1            | 2                       | 3                |
| Feeling afraid as if something awful might happen | 0          | 1            | 2                       | 3                |

The mood and anxiety scales are based on the PHQ-9 and the GAD-7. Kroenke K., Spitzer R.L., Williams J.B.W., „The PHQ-9: Validity of a Brief Depression Severity Measure”, Journal of General Internal Medicine 2001; 16(9): 606–613. Spitzer R.L., Kroenke K., Williams J.B.W., Löwe B., „A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7”, Archives of Internal Medicine 2006; 166(10): 1092–1097. Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.