

High and low mood and anxiety journal

Name: _____

Date																	
Medication																	
High mood	20-27																
	15-19																
	10-14																
	5-9																
	0-4																
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).



High 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
Feeling unusually good, or many emotions that change quickly	0	1	2	3
Excitement, agitation, restlessness, or feeling full of energy	0	1	2	3
Irritability, impatience, being argumentative	0	1	2	3
Feeling more self-confident or more important than usual; being bossy, pushy or stubborn	0	1	2	3
Sleeping less than usual but staying highly active, or swinging between too much sleep and none	0	1	2	3
Talking more, interrupting others, a strong urge to talk, or speech that is too fast	0	1	2	3
Being easily distracted, racing thoughts, or thoughts jumping from one to another	0	1	2	3
More activity, including social and sexual; making more plans than usual; changing activity often; needing to be busy, but without a purpose	0	1	2	3
More impulsive, or doing things others might call risky: overspending, casual sex, sudden travel, speeding, starting or ending work and relationships abruptly, breaking things, violence, overeating, alcohol or drugs	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

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

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.