



with you through the highs & lows

MOOD MONITORING

Mood monitoring is a key aspect of the self management of bipolar disorder. By monitoring your mood you become aware of changes and patterns emerging. You can then modify your lifestyle, making changes that will affect how your mood is developing. For example you can adjust your sleep pattern to get more or less sleep. You can alter your caffeine or alcohol intake. You could do relaxation exercises before bed or change your pre-bed routine. For more on how to self manage the condition, contact Bipolar Scotland regarding self management training.

Mood monitoring involves recording your mood on a daily basis. You can also record additional information such as the medication you have taken or the amount of sleep you have had.

People have different methods for doing this. Some people like to record their mood in their diary. You can do this using the scale shown here. You assign a numerical value to your mood depending on the presence of certain symptoms (or absence of symptoms during periods of normal mood). You might notice a gradual shift in your mood which would otherwise go unnoticed until symptoms became severe.

Often people find that recording their mood gives their psychiatrist, GP and other health professionals valuable information about how they have been over a given period of time. Taking it to appointments can be very useful.

You could record additional information in your diary such as changes in medication, menstrual cycle for women, weight, sleep etc. Anything you think may be relevant to your mood. By recording medication you can see the relationship between medication and your mood. This is particularly important if you start new medication or stop medication.

Mood Scale Talking in Numbers

10	Total loss of judgment, exorbitant spending, religious delusions and hallucinations.	←
9	Lost touch with reality, incoherent, no sleep, paranoid and vindictive, reckless behaviour.	Mania
8	Inflated self-esteem, rapid thoughts and speech, counter-productive simultaneous tasks.	←
7	Very productive, everything to excess (phone calls, writing, smoking, tea), charming and talkative.	Hypomania
6	Self esteem good, optimistic, sociable and articulate, good decisions and gets work done.	←
5	Mood in balance, no symptoms of depression or mania. Life is going well and the outlook is good.	Normal Mood
4	Slight withdrawal from social situations, concentration less than usual, slight agitation.	←
3	Feelings of panic and anxiety, concentration difficult and memory poor, some comfort in routine.	Moderate Depression
2	Slow thinking, no appetite, need to be alone, sleep excessive or difficult, everything is a struggle.	←
1	Feelings of hopelessness and guilt, thoughts of suicide, little movement, impossible to do anything.	Severe Depression
0	Endless suicidal thoughts, no way out, no movement, everything is bleak and it will always be like this.	

Name _____ Month _____ Year _____ 

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	
ELEVATED	Severe Significant impairment Notable to work																																
	Moderate Significant impairment Able to work																																
	Mild Without significant impairment																																
NORMAL	NORMAL																																
	Mild Without significant impairment																																
	Moderate Significant impairment Able to work																																
DEPRESSED	Severe Significant impairment Notable to work																																
	Anxiety 0-None 1-Mild																																
	Irritability 2-Moderate 3-Severe																																
Weight on day 28																																	
Hours slept																																	
Medication (name/mg)																																	

Other people like to use a mood chart to record information. There are many to choose from and are easily obtainable from the internet. Above is a good example of a mood chart and is the one we use in self management training. By googling “Beam Mood Chart” you can download this for yourself if you would like to try it. <http://www.psychiatry24x7.com/bgdisplay.jhtml?itemname=mooddiary>

At first sight this can look a little complicated but once you get into the swing of it you will find it hardly takes any time at all every day. You put an “X” every day into the box beside the level you think your mood is at in the coloured area. Some people like to record their highest and lowest points in the day by placing two “X”s on the chart for that day. You record your anxiety and irritability on the scale provided every day, but only record your weight every month on day 28. Put a figure in for the number of hours you slept that night. Write in the names of your medications and the dose in the bottom left of the chart and then beside it record the number of times you have taken that dose in the day.

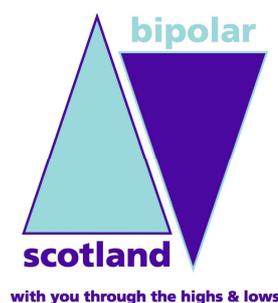
Bipolar Scotland was established in 1994 as a Company Limited by Guarantee and a Scottish Charity. Initially known as Manic Depression Fellowship Scotland the name was changed to Bipolar Fellowship Scotland in 2004 and subsequently in 2010 to Bipolar Scotland.

Bipolar Scotland is “user led” with the Board of Directors comprising people with bipolar disorder and carers. Bipolar Scotland is run from a central office based in Paisley and provides various services to members and others who have been affected by bipolar disorder. To date this has included an information service, production of leaflets/booklets and a quarterly newsletter, On the Level. The organisation supports an ever growing network of self help groups throughout Scotland, and delivers self management training to people who have experienced bipolar disorder. Bipolar Scotland also provides awareness training and talks to external organisations.

Bipolar Scotland is represented on a number of national forums that cover mental health, social care and research into bipolar disorder.

Vision Statement

Bipolar Scotland’s vision statement is to enhance the quality of life of people with bipolar disorder and their carers, including friends and relatives, by offering appropriate support at both individual and group level.



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