MONTHYEAR			Client Name																										
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15 ⁻	16 1	7 18	8 19	20	21	22	23 2 4	25	26	27	28 2	29 30	31
Activity	Frequency																												
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Record Hours of Nighttime Sleep																													
M DYSPHORIC MANIA (X) IF YES																													
A SEVERE Essentially incapacitated or HOSPITALIZED				-				-				-																	
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A LOW MODERATE SOME difficulty with goal-oriented activity				_		_		_		_		_									_			_					
	ctive; usual routine not affected much			_				_		_											_								
STABLE				-		-		_		_		_				-			_	_				_	_	_			
MILD Usual routine not affected	d much			_				_		_		_																	
R LOW MODERATE Functioning with SOME effort																													
	ing with GREAT effort																												
SEVERE Essentially incapacitated or HOSPITALIZED																													
MOOD (0-100)	0= Most depressed ever 50= Balanced 100= Most manic (activated) ever																												
NUMBER OF MOOD CHANG	ES/ DAY																												
MENSTRUAL PERIOD (X) IF	YES																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16 1	7 1	8 19	20	21	22	23 24	25	26	27	28 2	29 30	31