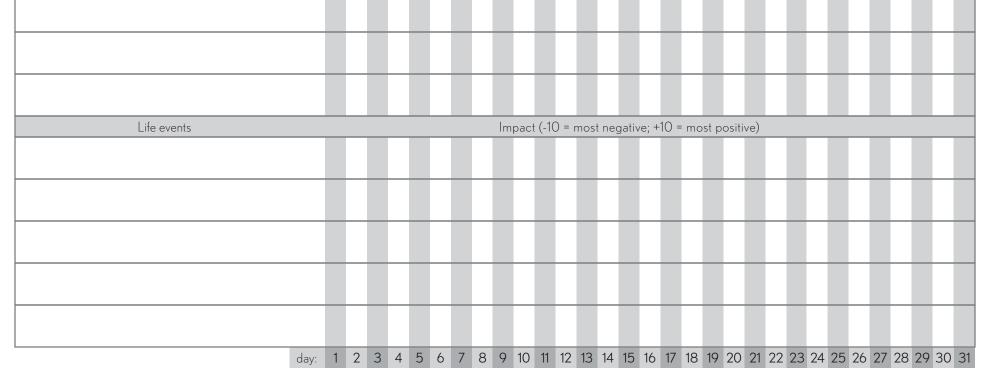
## 

			day:	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 1	29 3	30 31
	Severe	Essentially incapacitated or hospitalize	d																														
$\leq$	High moderate	Great difficulty with goal-oriented activ	vity																														
MANIA	Low moderate	Some difficulty with goal-oriented activ	/ity																														
	Mild	Usual routine not affected much																															
	Stable																																
Z	Mild	Usual routine not affected much																															
SSIC	Low moderate	Functioning with some effort																															
DEPRESSION	High moderate	Functioning with great effort																															
DEI	Severe	Essentially incapacitated or hospitalize	d																														
	Mixed state (√ if yes)																																
	$M_{OOd}$ (-10 = most depressed ever; +10 = most manic ever)																																
	Number of mood changes																																
	Anxiety symptoms (0 = least; 5 = most)																																
	Self-harm urges (0 = least; 5 = most)																																
	Suicidal urges (0 = least; 5 = most)																																
	Other behaviors:																																
	Other behaviors:																																

## day: 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

Medication/supplement name	Dose	# of pills per day	Number of pills taken
Used alcohol/dru	gs (√ if ye	es)	
Hours of nightti	ime sleep		
Other symp	otoms		Interference with life (0 = least; 10 = most)



Version 2.5, put together by Jonathan Brandt for DBSA Kalamazoo. Based on the Depression and Bipolar Support Alliance Personal Calendar.