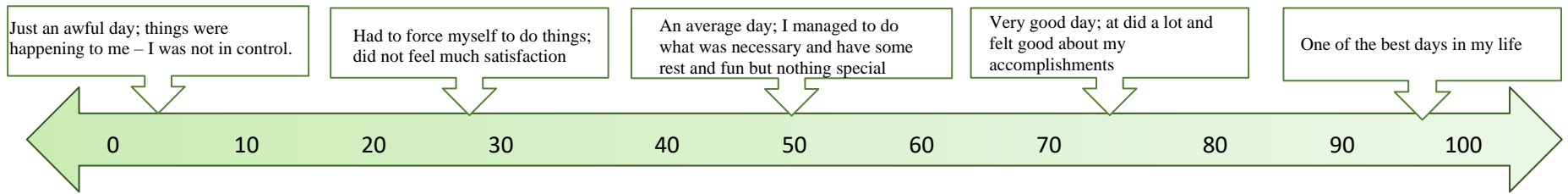


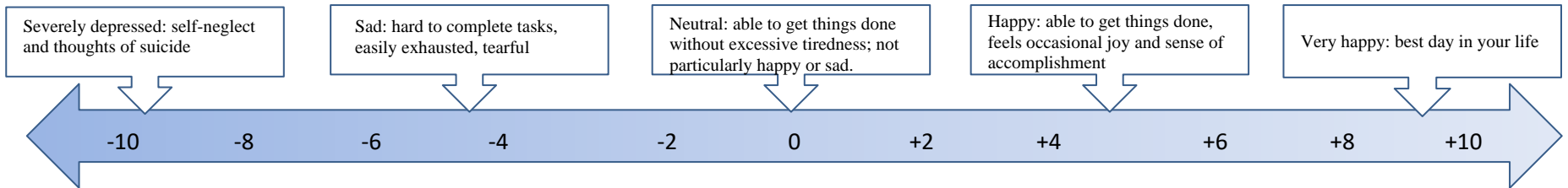
MANAGING MEDICATIONS

Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Rate your mood, anxiety, irritability and satisfaction with the day using the scales below. Rate your levels of energy using the checkboxes provided.							
Mood							
Anxiety							
Irritability							
Satisfaction							
Energy (level)	<input type="checkbox"/> High <input type="checkbox"/> Optimal <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Optimal <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Optimal <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Optimal <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Optimal <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Optimal <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Optimal <input type="checkbox"/> Low
Energy (quality)	<input type="checkbox"/> Comfortable <input type="checkbox"/> Neutral <input type="checkbox"/> Uncomfortable	<input type="checkbox"/> Comfortable <input type="checkbox"/> Neutral <input type="checkbox"/> Uncomfortable	<input type="checkbox"/> Comfortable <input type="checkbox"/> Neutral <input type="checkbox"/> Uncomfortable	<input type="checkbox"/> Comfortable <input type="checkbox"/> Neutral <input type="checkbox"/> Uncomfortable	<input type="checkbox"/> Comfortable <input type="checkbox"/> Neutral <input type="checkbox"/> Uncomfortable	<input type="checkbox"/> Comfortable <input type="checkbox"/> Neutral <input type="checkbox"/> Uncomfortable	<input type="checkbox"/> Comfortable <input type="checkbox"/> Neutral <input type="checkbox"/> Uncomfortable
Enter the names of the medications that you are taking and record the daily dosage taken. Follow the example below.							
<i>e.g., Cipralax</i>	<i>20 mg</i>	<i>20 mg</i>	<i>20 mg</i>	<i>20 mg</i>	<i>10 mg</i>	<i>10 mg</i>	<i>10 mg</i>
Record any important observations that you might have about the day (e.g., extra stresses, things that you were able to do etc.)							
Your Observations							

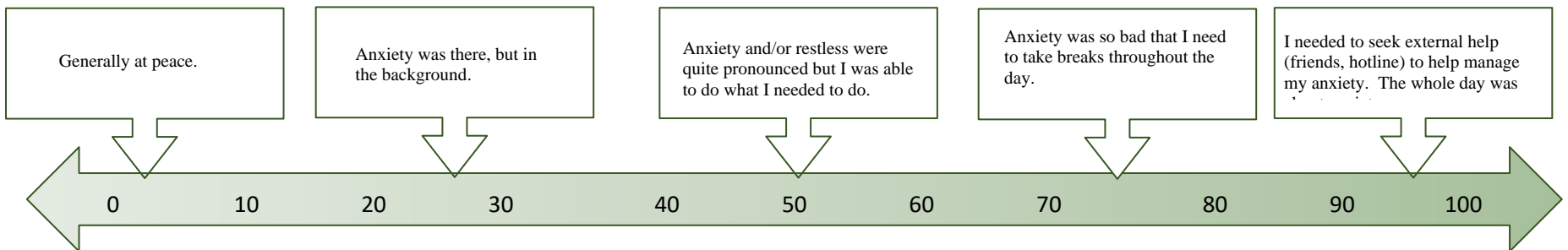
SATISFACTION



MOOD SCALE



ANXIETY



ANGER AND IRRITABILITY

