

MARK LEIFESTE, M.D.

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MOOD & ANXIETY LOG

If you (or your child) have experienced any of these symptoms this month, please rate the severity. 0 = No Problem, 5 = Pretty Disturbing, 10 = Maximal Impairment

Name _____

Date _____

Sadness/unhappiness/loneliness					
Crying					
Loss of interest/pleasure					
Feeling guilty/worthless					
Irritability/fragility					
Suicidal ideas/attempts					
Lethargy/fatigue					
Slowing/agitation					
Insomnia (How many nights/week?)					
Anxiety					
Panic attack					
Trouble thinking					
Weight loss/gain (# lbs. per interval)					
Concentration/attention span problems					
Impulsivity					
Distractibility					
Cycling moods					
Avoiding activities					
Procrastination					

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LOG - Continued

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Name _____

Date _____

Periods of grandiosity or inflated self esteem					
Expansive, elated, euphoric or giddy moods					
Nights with less need for sleep (sleeping less than 6 hours w/o napping next day)					
Racing thoughts or flight of ideas					
Hypersexuality					
Abrupt shifts in tempo or mood					
Delayed sleep phase with difficult, groggy mornings					
Pressured speech, hyper-talkative					
Rages lasting >30"					
Aggression					
Insomnia					
Hyperactivity or agitation					
Argumentativeness or insubordination					
Abnormally irritable mood					
Changes in appetite (< or >)					
Substance abuse					
Anxiety or panic					
High risk activities					
Abnormally increased distractibility					
Obsessiveness					
Both activated and negative symptoms simultaneously					