

# Weekly Mood & Emotion Tracking Sheet

Medication Tracking Series | PADO Psychological Wellness, PLLC

MEDICATION / DOSE: \_\_\_\_\_

WEEK OF: \_\_\_\_\_

PRESCRIBER: \_\_\_\_\_

WEEK # (since start): \_\_\_\_\_

## DAILY CHECK-IN

Rate 1–10 where relevant. Add brief notes for context.

|  | MON | TUE | WED | THU | FRI | SAT | SUN |
|--|-----|-----|-----|-----|-----|-----|-----|
| <b>Overall Mood</b><br>1 = worst • 10 = best       |     |     |     |     |     |     |     |
| <b>Emotional Range</b><br>full / narrow / flat     |     |     |     |     |     |     |     |
| <b>Positive Moment?</b><br>yes or no + brief note  |     |     |     |     |     |     |     |
| <b>Difficult Emotions</b><br>type + intensity 1–10 |     |     |     |     |     |     |     |
| <b>Reactivity</b><br>proportionate? over / under?  |     |     |     |     |     |     |     |
| <b>Motivation</b><br>1 = none • 10 = high          |     |     |     |     |     |     |     |

## SIDE EFFECTS THIS WEEK

Physical or emotional side effects, timing, and severity.

---

---

---

## NOTES & CONTEXT

Life events, stress, sleep changes, or anything relevant.

---

---

---

### ● TO DISCUSS IN THERAPY SESSION

---

---

---

### ● TO BRING TO PRESCRIBER

---

---

---

## WEEKLY REFLECTION

Compared to last week, my overall mood has been: **BETTER / SAME / WORSE**

The most helpful thing this week was: \_\_\_\_\_

Something I want to change or discuss: \_\_\_\_\_