Oasis Mental Care

EMOTIONAL TOOLKIT

Mood log

Information for your treatment, not a treatment in itself

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Fill in on screen

TO BEGIN

What logging your mood is for

Memory for mood is poor. When we feel bad, we remember always having felt bad; when we feel well, it is hard to reconstruct what last month was like. That is not a personal failing: our current mood colours how we recall earlier ones.

A written log fixes that. It turns “I've been bad lately” into something concrete: how many days, at what intensity, what came before. That is the information that lets you see whether a medication change helped, whether there is a weekly pattern, or whether something is shifting before it becomes obvious.

What to expect, and what not to

- It helps you **bring precise information to your appointment**, instead of relying on memory.
- It helps identify patterns and triggers that otherwise go unnoticed.
- **Logging your mood is not a treatment.** The available reviews do not show that self-monitoring on its own reduces symptoms. Its value lies in the information it gives the person treating you.
- If you notice that filling it in leads you to over-monitor yourself or feel worse, stop and mention it at your next appointment. It does not suit everyone.
- If you are in a crisis, this guide is not the right resource. Call or text **988**.

HOW TO RATE

The scale, 1 to 5

The scale measures **how low or how well** you felt that day. Rate the whole day, not the worst moment.

- **1.** Very low. Hard to get up; the minimum of the day feels impossible.
- **2.** Low. Discouraged, little energy, but half functioning.
- **3.** Neutral. Neither good nor bad. The day goes by.
- **4.** Good. Energetic, present, able to enjoy things.
- **5.** Very good. Willing, calm, well connected to what is around you.

Why euphoria is not a 5

This is the important part of this guide. Many scales label the top end “excellent or euphoric”, as if they were the same thing. **They are not.**

Feeling well is a good state. Euphoria — overflowing energy, not needing sleep, racing ideas, outsized confidence — **is not the best possible state: it is a sign worth paying attention to**, especially in people with bipolar disorder or a family history of it.

If both are recorded with the same number, the log stops being useful exactly when it is most needed. That is why elevated mood is recorded separately, in its own column.

What to note in the elevated mood column

Tick that column if on that day you noticed any of these:

- Sleeping much less and not feeling tired.
- Talking faster than usual, or others noticing it.
- Racing ideas, starting many things at once.
- Spending, deciding or risking more than you normally would.
- Feeling capable of anything, with a confidence you later don't recognise.
- High irritability together with high energy.

Noting it does not mean something is wrong. It means it is information the person treating you needs to see.

ONE ROW PER DAY

Two-week log

Fill it in at the same time each day, preferably at the end of the day. If you miss one, leave it blank and carry on: a log with gaps is still useful, one reconstructed from memory is not.

How to keep what you write

This document can be filled in on screen. **When you are done, save or download it**: if you close the window without saving, what you wrote is lost.

We suggest including the date in the file name — for example *log-2026-08-15.pdf* — so you can find it later and bring it to your appointment.

Date or period of this log:

Day	Mood 1-5	Elevated	Sleep (h)	What affected the day
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

In “elevated” a tick is enough. In “what affected the day” note the concrete thing: an argument, a bad night, a dose change, an exam, good news.

BEFORE YOUR APPOINTMENT

What to look at after two weeks

These questions turn the log into something you can talk through in session. Answer them looking at the table, not from memory.

Which days were the lowest, and what did they have in common?

Was there a relationship between sleep and the next day's mood?

Did you tick any elevated mood box? When?

What do I want to tell Isabel at the next appointment?

References

- *Self-monitoring of mood in people with mood disorders: a systematic review and meta-analysis.* No robust symptom reduction attributable to self-monitoring alone.
- *Mood monitoring in bipolar disorder: clinical utility and limitations.* On the value of logging as clinical information, and the risk of treating elevated mood as a desirable state.
- *Sleep disturbance as an early warning sign in bipolar disorder.* Reduced need for sleep as one of the earliest indicators of an episode.
- *Mood-congruent memory bias.* Literature on how current mood biases recall of previous states.
- Diagnostic criteria for manic and hypomanic episodes, DSM-5-TR, American Psychiatric Association. Basis for the elevated mood checklist in this guide.

Sources last reviewed: August 2026. This log is an aid to your care, not a diagnostic instrument.