DAILY MOOD TRACKER FOR DEPRESSION

A simple tool to monitor emotions, habits, triggers, and progress.

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1. Personal Details

Name: _____
Date: _____

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2. Overall Mood Rating (0–10)

Rate your mood today (0 = very low, 10 = very good)

Mood Score: _____ / 10

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3. Emotion Checklist

Tick all the emotions you felt today:

Positive Emotions
[ ] Calm
[ ] Hopeful
[ ] Motivated
[ ] Relieved
[ ] Grateful

Difficult Emotions
[ ] Sad
[ ] Tired
[ ] Empty
[ ] Lonely
[ ] Irritable
[ ] Overwhelmed

[ ] Numb
[ ] Hopeless
[ ] Anxious
[ ] Guilty
[ ] Angry
[ ] Scared

Other emotions:

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4. Energy Level (0–10)

Energy Score: _____ / 10

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5. Sleep Quality

How well did you sleep last night?

[ ] Very Poor
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent

Hours slept: _____

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6. Appetite Today

[ ] Very Low
[ ] Low
[ ] Normal
[ ] High
[ ] Very High

Notes: _____

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7. Activities Completed Today

Tick the activities you were able to do:

Basic Activities
[ ] Got out of bed
[ ] Took a bath
[ ] Ate at least one meal
[ ] Drank enough water
[ ] Took medications
[ ] Did chores
[ ] Went to work/school

Self-Care Activities
[ ] Journaling
[ ] Deep breathing
[ ] Exercise or walk
[ ] Prayer or meditation
[ ] Talked to someone supportive
[ ] Engaged in a hobby
[ ] Therapy session
[ ] Spent time outdoors

Other activities: _____

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8. Negative Thoughts Tracker

Did you have any challenging thoughts today?

[ ] Yes
[ ] No

Describe the thoughts:

How strong were they? (0–10) _____

How did you respond?

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9. Triggers Today

Did anything worsen your mood?

[ ] Stress
[ ] Conflict
[ ] Fatigue
[ ] Loneliness
[ ] Pain/illness
[ ] Social media
[ ] Memories
[ ] Work/school pressure
[ ] Financial issues
[ ] Relationship issues

Other triggers: _____

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10. Coping Strategies Used

Which coping methods helped you today?

[ ] Deep breathing
[ ] Grounding
[ ] Talking to someone
[ ] Resting
[ ] Listening to music
[ ] Therapy tools
[ ] Journaling
[ ] Prayer
[ ] Taking a walk
[ ] Limiting screen time
[ ] Positive affirmations
[ ] Doing something enjoyable

How effective were they? (0–10) _____

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11. Gratitude Reflection

List three things you are grateful for today:

1. _____
2. _____
3. _____

_____

12. Daily Reflection & Notes

How would you describe your day overall?

_____
_____
_____
_____

13. Safety Check (Important)

Did you have any thoughts of self-harm today?

[ ] No
[ ] Yes, passive thoughts
[ ] Yes, active thoughts

If **yes**, consider reaching out immediately to:

- A trusted person
- A mental health professional
- Emergency services or crisis helpline

You matter, and support is available.