## Name:

List of medications:

## Start date:

End date:
Week:

The goal of your bipolar I treatment plan is to help manage the extreme highs and lows that you may feel. Mark (or type right in the PDF) the box that best represents the impact that depressive or manic feelings had on you each day. If you felt both depressed and manic, then indicate the impact of both. Save a duplicate or print a fresh worksheet every 2 weeks. Then bring them all with you to your next doctor's appointment.

Manic moods examples:

- Feeling very up or high
- Feeling jumpy or wired
- Being agitated, irritable or touchy
- Having trouble sleeping
- Becoming more active than usual

Depressive moods examples:

- Feeling very down or sad
- Sleeping too much or too little
- Feeling like you can't enjoy anything
- Feeling worried and empty
- Having trouble concentrating

${ }_{z}^{Z_{z}}$ Sleep
\#hours $\square$

Medication
Y or N $\square$

