

CHILD'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**MOOD - Circle the highest and lowest for today:**



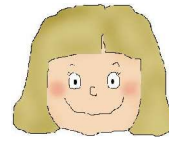
1 2  
Angry



3 4  
Sad



5 6  
Even



7 8  
Happy

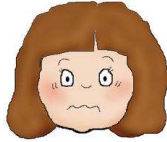


9 10  
Very Happy

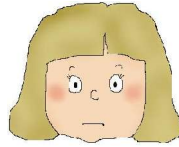
**ENERGY - Circle the highest and lowest for today:**



1 2  
Sleepy



3 4  
Tired



5 6  
Even



7 8  
Hyper



9 10  
Racing

**SLEEP**



Time I went to sleep last night: \_\_\_\_\_

Time I woke up this morning: \_\_\_\_\_

I had: (circle as many as you had)

Bad dreams

Bedwetting

Woke in the night

Trouble falling asleep

Got sick



**MEDS**

Morning: \_\_\_\_\_

Afternoon: \_\_\_\_\_

Evening: \_\_\_\_\_

Bedtime: \_\_\_\_\_

**SCHOOL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOW MY MOODS AFFECTED ME TODAY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_