

Mood Tracker

Client Information

Name: _____ Date of birth: _____

Gender: _____ Date of Consultation: _____

Address: _____

Phone Number: _____ Email Address: _____

Mood: Happy Content Neutral Sad Anxious Angry

Energy level: High Medium Low

Sleep duration: _____ hours (Indicate the number of hours of sleep the user got the night before)

Exercise: Yes No Partial

Meditation or relaxation exercises: Yes No Partial

Food and drink intake: (List the meals, snacks, and beverages consumed throughout the day)

Notes: