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Mood Monitoring Key

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Daily Activity and Mood Monitoring

Start Date:

Nervous Happy Angry Bored Sad Use the form to chart your activities each day, including whether you took your opioid medication. After you list an activity, rate your mood or moods. Use the Mood Monitoring Key if it's helpful or write about moods/feelings in the Notes section. At the end of each day, record the strongest degree of cravings for substances you experienced (if any), and whether your substance use was within your goal or wasn't within your goal.

	Activity	Mood	Craving and Use
	Record activities you engaged in each day 1. Took Medications? Yes No	Rate mood after each activity 1. (\[color]{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}{color}	Craving
	2		
	3.	3. (x) (x) (x) (x) (x)	
	4		None Lots
lay	5.	5. (x) (x) (x) (x) (x)	Was your substance use within your goal? Y N
Sunday		3. 0 0 0 0 0	
	Notes:		
	1. Took Medications? Yes No	1. () () () ()	Craving
	2	2. 🐯 🙄 🚍 🛱	
	3	3. 🔅 🙄 🗁 🖾	None Lots
	4	4. 🔅 🙄 🖾 🏹	Was your substance use
dav	5	5. 🔅 🙄 📛 🖾	within your goal? Y N
Mondav	Notes:		
2			
	1. Took Medications? Yes No	1. (;;) (;;) (;;) (;;)	<u>Craving</u>
	2	2. (;;)(;)(;)(;)(;)(;)	
	3	3. (;;)(;)(;)(;)(;)(;)	None Lots
	4	4. (;;)(;)(;)(;)(;)(;)	Was your substance use
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Tuesdav	Notes:		
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	Activity	Mood	Craving and Use
Wednesdav	1. Took Medications? Yes No	1. 🔅 🙄 🚞 🚞	Craving
	2	2. 🐯 🙄 🗁 🗁	
	3	3. 🐯 🙄 🚍 🖂	None Lots
	4	4. () () () ()	
	5	5. () () ()	Was your substance use within your goal? Y N
	Notes:		Mood Monitoring Key
	Notes.		
			Nervous Happy Bored Sad Angry
	1. Took Medications? Yes No	1. (3) (3) (3) (3) (3)	Craving
			<u>Craving</u>
	2		
	3	3. () () () ()	None Lots
sday	4	4. () () () ()	Was your substance use
Thursday	5	5. 💮 🙄 📛 🥁	within your goal? Y N
	1. Took Medications? Yes No	1. 🔅 🙄 🖾 🏹	<u>Craving</u>
	2	2. 🔅 🔆 🔆	
	3	3. 🔅 🔆 🔆	None Lots
ž	4	4. 🔅 🙄 📛 👾	Was your substance use
Friday	5	5. 🔅 🙂 🖃 🖾	within your goal? Y N
	Notes:		
	1. Took Medications? Yes No	1. (;;) (;;) (;;) (;;) (;;)	Craving
	2	2. (**) (**) (**) (**)	
	3	3. (;;) (;) (;;) (;;) (;;)	None Lots
>	4.	4. (\vec{c}) (\v	
Saturday	5	5. (x) (x) (x) (x) (x)	Was your substance use within your goal? Y N
	Notes:		

