

CHILD'S NAME: _____

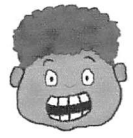
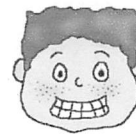
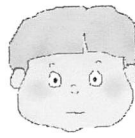
DATE: _____

MOOD - Circle the highest and lowest for today:



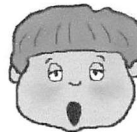
1 2 3 4 5 6 7 8 9 10
Angry Sad Even Happy Very Happy

ENERGY - Circle the highest and lowest for today:



1 2 3 4 5 6 7 8 9 10
Sleepy Tired Even Hyper 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:

