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PARENT HANDOUT

Daily Mood Monitoring for Your Child

Dr. Halim has asked you to keep a short daily record of your child's mood, sleep, and energy. Every child's mood goes up and down, and most of what you write will be ordinary. The goal is to see the pattern over days and weeks. That pattern helps Dr. Halim tell normal emotions apart from a mood episode that may need treatment.

How to Use the Chart

- Fill in the chart once each evening, after your child is in bed.
- **The sleep rows are about last night.** Every other row is about today.
- Rate your child against **their own usual self**, not against other children. For mood and energy, 0 means usual for your child. For irritability, 0 means none that day.
- Write what you saw, not what you think it means. "Talked nonstop through dinner" is more useful than "hyper."
- Write **?** for anything you did not see or do not know. If you miss a whole day, leave it blank. Do not guess.
- Start a new chart every two weeks. Bring all finished pages to each visit.

Rating Keys

Mood	−3 very low · −2 low · −1 a little down · 0 usual · +1 a little up · +2 high · +3 extremely high, out of character. Rate against what you would expect in that situation: happy at a birthday party is a 0. Cranky or angry goes on the Irritability row.
Energy	−3 barely moving · −2 clearly low · −1 a little low · 0 usual · +1 a little more · +2 clearly more · +3 cannot slow down
Irritability	0 none · 1 mild, short-lived · 2 frequent or hard to redirect · 3 explosive or aggressive
Child's rating	Ask, "How was your mood today?" Use the same −3 to +3 scale. Write your child's answer even if you disagree.
Notes	Only when something changed, a dose was missed or changed, or you had a safety concern.

WHAT DR. HALIM IS LOOKING FOR

Patterns, Not Single Days

A mood episode is a clear change in mood and energy that **lasts for days**, is present most of the day, and is different from your child's usual self. Watch especially for:

- **Less sleep without tiredness.** Sleeping far less than usual yet waking full of energy. This matters more than trouble falling asleep.
- **Faster speech.** Talking faster or more than usual, jumping between topics, hard to interrupt.
- **Big or unrealistic ideas.** Beliefs about abilities or plans that are out of character for your child's age.
- **Giddiness or silliness** that does not fit the setting, or irritability that runs for days instead of hours.
- **Risky or impulsive behavior** beyond your child's usual judgment.
- **Low stretches.** Pulling away, losing interest, moving slowly, sleeping much more, appetite changes, or hopeless statements.

Irritability by itself is common in many conditions and in ordinary growing up. It means the most when it shows up together with the sleep, energy, and speech changes above.

Example of a Useful Note

Mon 11/23. Lights out at 9:00, asleep around 11:00, up at 6:00. About 7 hours of sleep. Tired at breakfast and needed several reminders to get ready for school.

On the chart: Bedtime 9:00 · Wake 6:00 · Hours slept 7 · Tired today Y. Count hours from falling asleep, not from lights out.

Helpful Context to Note

- Medication changes, new doses, or missed doses.
- Illness, travel, school events, conflicts, late-night screen time.
- Caffeine or energy drinks; any alcohol, vaping, or drug exposure.
- Family stress your child may have seen.
- Menstrual cycle days, if your child has periods.

Before the Next Visit

On the Notes page, write what stood out, how it affected home, school, or friendships, and what helped. Bring the chart even if it looks uneventful. A calm two weeks is also useful information.

When to Get Help Sooner

Call 911 if your child has just attempted suicide, may act on suicidal thoughts soon, or is an immediate danger to themselves or someone else.

Call or text 988 right away for guidance if your child talks about wanting to die or hurting themselves.

Call the office: (941) 500-9292

- Any sudden or fast-worsening change. Do not wait for a pattern.
- Three nights in a row with 2 or more hours less sleep than usual and no daytime tiredness.
- Irritability rated 3 on two or more days.
- Seeing or hearing things that are not there.
- New or worsening medication side effects.

If the office is closed and you are worried about safety, use 988 or 911.

Two-Week Mood Chart

Complete each evening · Bring to every visit

Child's name _____ Start date _____ Completed by _____ Current medication and dose _____

Usual bedtime _____ Usual wake time _____ Usual hours of sleep _____

Enter your child's usual sleep schedule once. Use it to compare each night's sleep.

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Date and weekday example: Mon 11/23														
Sleep · Last Night														
Bedtime Last Night time lights out														
Wake Time This Morning time up for the day														
Hours Slept asleep to awake · estimate is fine														
Mood and Energy · Today														
Tired Today? Y or N														
Morning Mood −3 low to +3 high														
Evening Mood −3 low to +3 high														
Child's Own Mood Rating −3 to +3, ask your child														
Energy −3 to +3														
Irritability 0 to 3														
Outbursts number / longest in minutes														
Behavior · Today														
Fast or Nonstop Talking Y or N														
Unusually Giddy or Silly Y or N														
Big or Unrealistic Ideas Y or N														
Risky or Impulsive Acts Y or N														
Withdrawn or Tearful Y or N														
Talk of Dying or Self-Harm Y or N · if Y, see the box below														
Appetite U usual · M more · L less														
School or Focus OK · H hard · NA														
Medication Taken Y · N · P part of doses														

Mood −3 very low · 0 usual · +3 extremely high Energy −3 barely moving · 0 usual · +3 cannot slow down Irritability 0 none · 3 explosive ? not seen or not known Notes on the Notes page

Add a dated note for changes, missed doses, or safety concerns.

Call 911 if your child has just attempted suicide, may act on suicidal thoughts soon, or is an immediate danger to themselves or someone else.
Call or text 988 right away for guidance if your child talks about wanting to die or hurting themselves.

Notes Page

PRINT ON THE BACK OF THE CHART

Child's name _____ Chart start date _____

An ordinary evening needs no note. Write one only when something changed, a dose was missed or changed, or you had a safety concern.

Dated Notes

Write what you saw, not what you think it means. Short phrases are fine.

Date	What you saw or what happened

Looking Back at These Two Weeks

What change stood out? Include the dates.

How did it affect home, school, or friendships?

What helped your child get back to their usual self?

Questions for Dr. Halim