EVERY DAY

Mood chart

Month _____

DAY	AWESOME	GOOD	NEUTRAL	BAD	TERRIBLE	NOTE
1	☐	☐	☐	☐	☐	
2	☐	☐	☐	☐	☐	
3	☐	☐	☐	☐	☐	
4	☐	☐	☐	☐	☐	
5	☐	☐	☐	☐	☐	
6	☐	☐	☐	☐	☐	
7	☐	☐	☐	☐	☐	
8	☐	☐	☐	☐	☐	
9	☐	☐	☐	☐	☐	
10	☐	☐	☐	☐	☐	
11	☐	☐	☐	☐	☐	
12	☐	☐	☐	☐	☐	
13	☐	☐	☐	☐	☐	
14	☐	☐	☐	☐	☐	
15	☐	☐	☐	☐	☐	
16	☐	☐	☐	☐	☐	
17	☐	☐	☐	☐	☐	
18	☐	☐	☐	☐	☐	
19	☐	☐	☐	☐	☐	
20	☐	☐	☐	☐	☐	
21	☐	☐	☐	☐	☐	
22	☐	☐	☐	☐	☐	
23	☐	☐	☐	☐	☐	
24	☐	☐	☐	☐	☐	
25	☐	☐	☐	☐	☐	
26	☐	☐	☐	☐	☐	
27	☐	☐	☐	☐	☐	
28	☐	☐	☐	☐	☐	
29	☐	☐	☐	☐	☐	
30	☐	☐	☐	☐	☐	
31	☐	☐	☐	☐	☐	
TOTAL						

How to use. At the end of each day, fill in the square that best matches your mood and add a short note. At the end of the month, count each column and write the totals.

THIS MONTH I MOSTLY FELT

_____

FIND YOUR PATTERNS

Mood and influences

Month _____

DAY	MOOD 1 TO 5	SLEEP	ENERGY 1 TO 5	MOVED	SCENT OR BLEND	WHAT INFLUENCED MY MOOD
1	1 2 3 4 5		1 2 3 4 5	☐		
2	1 2 3 4 5		1 2 3 4 5	☐		
3	1 2 3 4 5		1 2 3 4 5	☐		
4	1 2 3 4 5		1 2 3 4 5	☐		
5	1 2 3 4 5		1 2 3 4 5	☐		
6	1 2 3 4 5		1 2 3 4 5	☐		
7	1 2 3 4 5		1 2 3 4 5	☐		
8	1 2 3 4 5		1 2 3 4 5	☐		
9	1 2 3 4 5		1 2 3 4 5	☐		
10	1 2 3 4 5		1 2 3 4 5	☐		
11	1 2 3 4 5		1 2 3 4 5	☐		
12	1 2 3 4 5		1 2 3 4 5	☐		
13	1 2 3 4 5		1 2 3 4 5	☐		
14	1 2 3 4 5		1 2 3 4 5	☐		
15	1 2 3 4 5		1 2 3 4 5	☐		
16	1 2 3 4 5		1 2 3 4 5	☐		
17	1 2 3 4 5		1 2 3 4 5	☐		
18	1 2 3 4 5		1 2 3 4 5	☐		
19	1 2 3 4 5		1 2 3 4 5	☐		
20	1 2 3 4 5		1 2 3 4 5	☐		
21	1 2 3 4 5		1 2 3 4 5	☐		
22	1 2 3 4 5		1 2 3 4 5	☐		
23	1 2 3 4 5		1 2 3 4 5	☐		
24	1 2 3 4 5		1 2 3 4 5	☐		
25	1 2 3 4 5		1 2 3 4 5	☐		
26	1 2 3 4 5		1 2 3 4 5	☐		
27	1 2 3 4 5		1 2 3 4 5	☐		
28	1 2 3 4 5		1 2 3 4 5	☐		
29	1 2 3 4 5		1 2 3 4 5	☐		
30	1 2 3 4 5		1 2 3 4 5	☐		
31	1 2 3 4 5		1 2 3 4 5	☐		

Mood: 5 awesome · 4 good · 3 neutral · 2 bad · 1 terrible. Circle the number. Sleep in hours. Tick "Moved" if you exercised or walked.

EVERY WEEK

Weekly check-in

Week of _____

DAY	MORNING	EVENING	FEELINGS IN ONE OR TWO WORDS	WHAT HELPED
Monday	1 2 3 4 5	1 2 3 4 5		
Tuesday	1 2 3 4 5	1 2 3 4 5		
Wednesday	1 2 3 4 5	1 2 3 4 5		
Thursday	1 2 3 4 5	1 2 3 4 5		
Friday	1 2 3 4 5	1 2 3 4 5		
Saturday	1 2 3 4 5	1 2 3 4 5		
Sunday	1 2 3 4 5	1 2 3 4 5		

TRIGGERS I NOTICED

Situations, people, thoughts, tiredness, hunger.

SMALL WINS THIS WEEK

MY MOOD LIFTERS THAT WORKED

NEXT WEEK I'LL BE KIND TO MYSELF BY

EXPERIMENT

Scent and mood log

Try one blend at a time and note how you feel before and after. Over a few weeks, you'll see what really works for you.

DATE	BLEND AND DROPS	HOW I USED IT	MOOD BEFORE	MOOD AFTER	NOTES
			1 2 3 4 5	1 2 3 4 5	
			1 2 3 4 5	1 2 3 4 5	
			1 2 3 4 5	1 2 3 4 5	
			1 2 3 4 5	1 2 3 4 5	
			1 2 3 4 5	1 2 3 4 5	
			1 2 3 4 5	1 2 3 4 5	
			1 2 3 4 5	1 2 3 4 5	
			1 2 3 4 5	1 2 3 4 5	
			1 2 3 4 5	1 2 3 4 5	
			1 2 3 4 5	1 2 3 4 5	
			1 2 3 4 5	1 2 3 4 5	
			1 2 3 4 5	1 2 3 4 5	
			1 2 3 4 5	1 2 3 4 5	
			1 2 3 4 5	1 2 3 4 5	

BLENDS THAT WORK BEST FOR ME

1 _____

2 _____

3 _____

USE SAFELY

Use essential oils in a diffuser or a diluted bath blend. Never apply undiluted oils directly to the skin.

Diffuse for short periods in a ventilated room. Keep oils away from children and pets.

Check with a doctor first if you are pregnant, have asthma or sensitive skin. Scents can support relaxation, but they are not a treatment.

EVERY MONTH

Mood summary

Month _____

MY MONTH IN MOODS

Count how many days you spent in each mood on your mood chart, then fill that many cells to make a bar chart.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Awesome																																
Good																																
Neutral																																
Bad																																
Terrible																																

PATTERNS I NOTICED

Days of the week, sleep, cycle, weather, people.

WHAT HELPED THE MOST

Activities, people, blends, routines.

NOTES FOR MY DOCTOR OR COUNSELOR

Optional. A clear summary makes the conversation easier.

NEXT MONTH I WANT TO

A gentle note. This tracker is a self-help tool, not a substitute for professional care. If low moods last two weeks or more, please talk to a doctor or therapist. In crisis, call or text 988 (US) or your local emergency number.