

KEEPING A DAILY RHYTHM

Research has shown that Interpersonal and Social Rhythm Therapy, combined with psychotropic medications, has demonstrated benefits in achieving stabilization of moods, reducing the risk for relapse of manic/depressive symptoms, and helping clients manage their everyday demands and stressors. An important part of this therapeutic approach asks you to develop a daily schedule or routine. Having a daily schedule or routine can help stabilize moods. Use the Daily Activities Form to record when you engage in various daily activities such as sleeping, waking, eating, exercising, and working, as well as solitary, social, leisure, and recreational activities. You are encouraged to record your daily activities for both weekdays (or work days) and weekends (or non-working days). The Daily Activities Form that is provided runs from 7:00 a.m. to 11:00 p.m. The times from 11:00 p.m. to 7:00 a.m. have been designated for sleep. However, you may want to adjust the schedule to meet your own specific needs. For example, you may find it best to sleep from 9:30 or 10:00 p.m. until 6:00 or 6:30 a.m. After recording your activities, consult with your therapist about how the information is used to construct your daily routine. You are also encouraged to involve your spouse, significant others, or other family members to help support your new daily schedule on a regular basis. As time goes on, you may find it necessary to modify the schedule to meet your particular needs. You are encouraged to follow the routine regularly. Interruptions inevitably occur in your life; but your goal is to try to be as consistent as possible in following through with the schedule.

You and your therapist should regularly review how successful you have been in following the daily routine or schedule. Your therapist may also ask you to keep close track of your moods and any stressors or disruptions in your life that may cause you to change or adjust your routine. Following a daily routine in this manner has helped others in feeling more stable, productive, and knowledgeable about how activity and mood influence each other.



DAILY ACTIVITIES FORM

(Record when you got out of bed, ate/drank, left your residence, saw another person(s), did work/school/volunteer activities, napped, exercised, watched television, went to bed, and any other activities.)

TIME	ACTIVITY and MOOD (0-10)	TIME	ACTIVITY and MOOD (0-10)
7:00 a.m.		3:30 p.m.	
7:30 a.m.		4:00 p.m.	
8:00 a.m.		4:30 p.m.	
8:30 a.m.		5:00 p.m.	
9:00 a.m.		5:30 p.m.	
9:30 a.m.		6:00 p.m.	
10:00 a.m.		6:30 p.m.	
10:30 a.m.		7:00 p.m.	
11:00 a.m.		7:30 p.m.	
11:30 a.m.		8:00 p.m.	
12:00 p.m.		8:30 p.m.	
12:30 p.m.		9:00 p.m.	

PROVIDED BY CHANEL C. BOWEN, LCMHC, LCAS FOR USE BY CLIENTS OF INNER RENOVATIONS COUNSELING, PLLC. ADULT PSYCHOTHERAPY HOMEWORK BY JONGSMA CORRESPONDS WITH APPROPRIATE DIAGNOSIS & TREATMENT PLAN. THIS INFO IS NOT MENTAL HEALTH ADVICE. DISCUSS YOUR SYMPTOMS WITH A QUALIFIED PROFESSIONAL.



TIME	ACTIVITY and MOOD (0-10)	TIME	ACTIVITY and MOOD (0-10)

TIME	ACTIVITY and MOOD (0-10)	TIME	ACTIVITY and MOOD (0-10)
1:00 p.m.		9:30 p.m.	
1:30 p.m.		10:00 p.m.	
2:00 p.m.		10:30 p.m.	
2:30 p.m.		11:00 p.m.	
3:00 p.m.		11:00 p.m.- 7:00 a.m.	SLEEP

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SELF-MONITORING OF MOODS

Date and time: _____

1. What stressful or life events disrupted or changed your daily routine? _____

2. a. What symptoms of mania did you experience as a result of the disruption in your daily routine? (Circle all that apply, or circle *none* if you did not experience any symptoms.)

Expansive/elevated mood	Emotional lability	Increased energy level
Agitated motor movements	Pressured speech	Talking fast/loud
Racing thoughts	Flight of ideas	Grandiose ideas
Little or no appetite	Decreased or loss of sleep	Sexualized behavior or talk
Highly impulsive behavior	Pleasure-seeking behavior	Substance abuse
None	Other: _____	

- b. Rate each symptom's severity on a scale from 1 to 10.



3. What symptoms of depression did you experience as a result of the disruption in your daily routine? (Circle all that apply, or circle *none* if you did not experience any symptoms.)

- | | | |
|----------------------------------|---------------------------------------|---------------------------|
| Depressed mood | Apathy/listlessness | Hopelessness/helplessness |
| Negative self-talk | Social withdrawal | Irritability |
| Suicidal thoughts or gestures | Excessive sleep | Crying spells |
| Loss of sleep | Lost interest/enjoyment in activities | |
| Tiredness/fatigue/loss of energy | | |
| None | Other: _____ | |

b. Rate each symptom's severity on a scale from 1 to 10.

4. How easily will you be able to return to your normal routine, or will you have to make changes or modifications in your daily schedule? Please elaborate. _____
