

Keep this diary to record your daily mood for a **minimum of 14 days**.

Date	Time		Date	Time		
How are you feeling? (1 = terrible to 10 = great)	How did you sleep 1 = terrible to 10 = grea		How are you feeling? (1 = terrible to 10 = great)		How did you sleep last night? 1 = terrible to 10 = great)	
How much pain do you have at moment? (0 = none to 10 = extreme)		-	How much pain do you have at t moment? (0 = none to 10 = extreme)			
What makes you feel better? (select all applicable)			What makes you feel better? (select all applicable)			
Rest	Faith	Community	Rest	Faith Self-care (e.g., mindfulness) Medication Doing housework	Community contribution (including caring for others)	
Socialising	Self-care	contribution (including caring for others) Other, please specify	Socialising			
Exercise	(e.g., mindfulness) Medication		Exercise		Other, please specify	
Leisure			Leisure			
Food	Doing housework		Food			
Work			Work			
What makes you feel worse? (select all applicable)			What makes you feel worse? (select all applicable)			
Stress	Not enough sleep	Other, please specify	Stress	Not enough sleep	Other, please specify	
Health problems (other than pain)	Finance problems	unsupported or d	Health problems (other than pain)	Finance problems	d or	
	Feeling unsupported or			Feeling unsupported or		
Work-related problems	excluded		Work-related problems	excluded		
Lack of community access	Social & relationship challenges		Lack of community access	Social & relationship challenges		
Notes (Record any other relevant information, such as use of medications, including side effects)			Notes (Record any other relevant information, such as use of medications, including side effects)			