hypomania/mania symptoms ice discussed

Name _____ **Month** _____ **Year** _____

BEAM

DAYS	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
ELEVATED **Severe** Significant impairment Not able to work																															
Moderate Significant impairment Able to work																															
Mild Without significant impairment																															
NORMAL "good, pleasant mood"																															
Mild Without significant impairment																															
Moderate Significant impairment Able to work																															
DEPRESSED **Severe** Significant impairment Not able to work																															
Anxiety 0=None 1=Mild 2=Moderate 3=Severe																															
Irritability																															
~~Weight (kg or lb)~~																															
Hours slept																															
menstrual																															
Medication (name/mg)																															

Note med changes here