



Food & Mood Diet Diary

Name: _____

Date: _____

Water Intake (# of cups): _____

Today's Stress Rating: _____

Hours of Sleep: _____ Describe: _____
(Restful/ Restless/ Awoke repeatedly)

of Bowel Movements: _____ Describe: _____
(Soft/ Hard/ Loose/ Floating/ Light/ Dark/ Strained)

1. In the table below, list all meals, snacks (incl. gum), water, coffee, tea, alcohol, and other beverages in as much detail as possible. Include any dietary supplements.
2. Please take note of how you felt at the time of the meal, and any associated symptoms (Bloating/ Tired After Eating/ Content/ Still Hungry/Rushed).
3. For each meal and snack please indicate TYPE -i.e if it was homemade or store bought- fast food- restaurant- pre-packaged- frozen dinner

Meal & Time	Amount	Food / Beverage Description	Type	Mood / Symptoms
<i>Eg Breakfast 7am</i>	<i>1 Cup ½ Cup</i>	<i>Rolled Oats with 1 tbsp flax seed oil Fresh Squeezed Orange Juice Multi-vitamin, Probiotics, vitamin C (600mg)</i>	<i>Homemade</i>	<i>Satisfied, energized</i>
Breakfast _____				
Snack _____				
Lunch _____				
Snack _____				
Dinner _____				
Snack _____				
Any Cravings?		(How did you deal with the craving?)		

Exercise Description: _____ Duration: _____

Intensity: _____ Feeling: _____