

The Food Mood Diary

Name: _____

Date (mm/dd/yy) _____

Write down everything you eat and drink for three days, including all snacks, beverages, and water. Please include approximate amounts. Describe energy, mood or digestive responses associated with a meal/snack, and record it in the right-hand column. Use an up arrow (↑) for an increase in energy/mood, down arrow (↓) for a decrease in energy/mood, and an equal sign (=) if energy/mood is unchanged.

Time of waking: _____ a.m. / p.m.

Meal	Beverages	Energy (↑) (↓) (=)	Mood (↑) (↓) (=)	Digestive Response (gas, bloating, gurgling, elimination, etc.)
Breakfast (Time: _____)				
Snacks (Time: _____)				
Lunch (Time: _____)				
Snacks (Time: _____)				
Dinner (Time: _____)				
Snacks (Time: _____)				