

Food-Mood Diary and Clinician Checklist

Food/Mood Diary				
Name: _____ Date: (dd/mm/yy) _____				
<p>Write down everything you eat and drink on 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.</p>				
Time of waking: _____ a.m. / p.m.				
Meal	Beverages	Energy Level (↑, ↓, or =)	Mood (↑, ↓, or =)	Digestive Response (gas, bloating, gurgling, elimination, etc.)
Breakfast (Time: _____)				
Snacks (Time: _____)				
Lunch (Time: _____)				
Snacks (Time: _____)				
Dinner (Time: _____)				
Snacks (Time: _____)				