

FOOD/MOOD CHART

Date: _____


Sun Mon Tues Wed Thurs Fri Sat

Mood: _____

Time	Food/Beverage & Quantity	Food Type	How did it make you feel?

→ Hours of Sleep
4 5 6 7 8 9 10

→ Physical Activity Type: _____

→ Glasses of Water (each cup = 12 oz.)


→ Energy Level

→ Total Consumption

 poultry
  fish
  red
  eggs
  veg protein
  fruit
  veg
  starch
  fats

→ Summary of my Day (cravings, situations, timing of meals, etc.)

→ Lessons

