

Diet Diary – Food/Mood Summary

Name: _____

Starting Date: _____

Instructions:

- Fill out all 7 days – they do not have to be consecutive days, but *must include 2 weekend days*
- Be sure to indicate amt/qty of food eaten (cups, tbsp, oz, how many, etc)
- Clearly state what was eaten
- Include all snacks and beverages (coffee, tea, pop, juice)
- Make notes on digestion, mood, energy levels, and water intake in the space provided
- Feel free to note any exercise

Be honest! This is just to help me better understand your habits!

Date: _____

Breakfast: _____

Snack: _____

Lunch: _____

Snack: _____

Dinner: _____

Evening: _____

Water consumed: _____ /cups
 Energy Level: _____ /10
 Mood: good irritable low
 Digestion: _____
 Comments: _____

Date: _____

Breakfast: _____

Snack: _____

Lunch: _____

Snack: _____

Dinner: _____

Evening: _____

Water consumed: _____ /cups
 Energy Level: _____ /10
 Mood: good irritable low
 Digestion: _____
 Comments: _____

Date: _____

Breakfast: _____

Snack: _____

Lunch: _____

Snack: _____

Dinner: _____

Evening: _____

Water consumed: _____ /cups
 Energy Level: _____ /10
 Mood: good irritable low
 Digestion: _____
 Comments: _____



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Snack: _____

Snack: _____

Lunch: _____

Lunch: _____

Lunch: _____

Lunch: _____

Snack: _____

Snack: _____

Snack: _____

Snack: _____

Dinner: _____

Dinner: _____

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Dinner: _____

Evening: _____

Evening: _____

Evening: _____

Evening: _____

Water consumed: _____ /cups
Energy Level: _____ /10
Mood: good irritable low
Digestion: _____
Comments: _____

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