FOOD/MOOD DIARY

Making changes to your food and substance intake may have pronounced effects to your experience of stress, mood, inflammation, sleep, and brain functioning.

Assessment of your nutritional intake and mood reactions may provide insight to contributing factors to discomfort and distress.

Use the food/mood diary provided to begin a self-assessment of your response to food and substance intake. Discuss the results with your therapist, nutritionist, primary care doctor, or other health care practitioners to develop a plan for behavioral change and health improvement.

FOOD/MOOD DIARY

With the chart provided, write down everything you eat and drink for three days, including snacks, beverages, water, and other substances (ex: drugs, herbs, supplements). Please include approximate amounts.

Using the columns to the right, record your sense of energy, emotional state, and digestive responses associated with the food or substance intake.

Add a plus sign (+) for an increase in energy/mood, negative sign (-) for a decrease in energy/mood, and an equal sign (=) if energy/mood seems unchanged.

Use the information recorded for your own self-reflection or discussion with your health care providers.

Date:						
Food	Beverage	Substance/ supplement/ medication	Time of intake	Energy Level/Mood - (15 - 30 minutes later)	Physical Response (15-30 mins) (ex: satiated, full, still hungry, upset stomach)	+/-

Date:			

Date:						
Food	Beverage	Substance/ supplement/ medication	Time of intake	Energy Level/Mood - (15 - 30 minutes later)	Physical Response (15-30 mins) (ex: satiated, full, still hungry, upset stomach)	+/-

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Date:			

MOOD/MOOD REFLECTION:

1.	When I look at my food intake and mood responses, I notice:
2.	Strengths that I notice about my food intake include:
3.	Foods/substances that I did not respond well to include:
4.	Goals that I have about my food/mood include:
5.]	Behavior change is not always easy. Alternative options for food/substance intake may include: