

Food-Mood Diary and Clinician Checklist

| Food/Mood Diary | | | | |
|---|-----------|------------------------------|----------------------|---|
| Name: _____ Date: (dd/mm/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 Level (↑, ↓, or =) | Mood (↑, ↓, or =) | Digestive Response (gas, bloating, gurgling, elimination, etc.) |
| Breakfast (Time: _____) | | | | |
| Snacks (Time: _____) | | | | |
| Lunch (Time: _____) | | | | |
| Snacks (Time: _____) | | | | |
| Dinner (Time: _____) | | | | |
| Snacks (Time: _____) | | | | |