

FOOD/MOOD DIARY

Date: _____

Mon Tue Wed Thu Fri Sat Sun

Weight: _____

How many 8 ounce glasses of water did you drink?



Meal	Time	Where	Mood (before)	Food/Beverage	Quantity	Full?	Mood (after)
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Other							

How happy are you with your day?

Not at all
0

1

2

3

4

Average
5

6

7

8

9

Extremely
10

Other Thoughts: _____