

FOOD AND MOOD TRACKER

DATE: _____

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Hours of sleep:



How many hours of sleep?
Was it interrupted? Why?

Food and water:



List the food and beverages that you consumed and draw a line through each glass of water you drank throughout the day.

Breakfast:

Lunch:

Dinner:

Snacks:

Water:

Other beverages:

Breakfast:

Lunch:

Dinner:

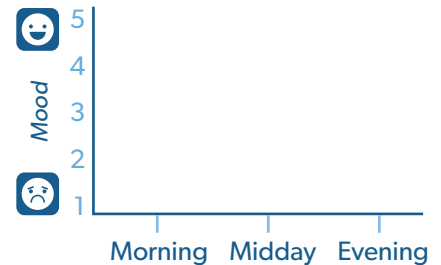
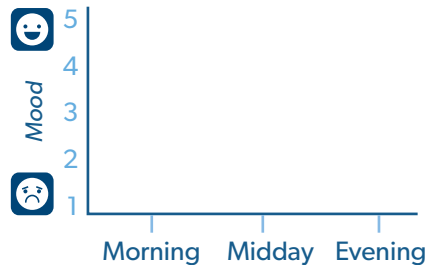
Snacks:

Water:

Other beverages:

Overall mood:

Rate your mood throughout the day.



Physical activity/ exercise:



Indicate any activities or exercises done throughout the day (e.g., walking, swimming, gardening, physiotherapy, stretching, etc.)

Medications:



List all medications and supplements you took throughout the day.