

FOOD & MOOD JOURNAL DIRECTIONS

Purpose

The purpose of your *Food & Mood Journal* is to:

- **Increase your awareness** of what you eat, how you feel, how much you move, and how you digest. As Peter Drucker said, “What gets measured gets managed.” The simple act of tracking can often lead to positive dietary and lifestyle changes even without conscious change.
- **Track your progress over time.** Tangible progress is one of the most powerful motivators and tracking what you eat and how you feel is an excellent way to help you and your Nutritional Therapy Practitioner or Nutritional Therapy Consultant identify improvement.
- **Provide actionable data** to your Nutritional Therapy Practitioner or Nutritional Therapy Consultant they can use to create a personalized action plan.

Directions

Please try to be as detailed and honest as possible. Do not self-edit to make your journal look healthier and don't worry if you happen to track during atypical events (travel, parties, weddings, etc.). Nutritional Therapy only works when you are honest with yourself and your Nutritional Therapy Practitioner or Nutritional Therapy Consultant.

Ideally, you should complete at least three days of the journal (though seven or more are ideal), including at least one weekend day.

WAKE & SLEEP TIMES

- Enter the time you woke up in the “Wake Time” field.
- Enter the time you estimate that you fell asleep the night before in the “Sleep Time” field.

MEAL & TIME COLUMN

- Write the time that you begin and finish each meal or snack.

FOODS COLUMN

- Write down **everything** you eat, including all meals, snacks, etc.
- Include approximate amounts for each food item in pounds, ounces, grams, cups, tablespoons (Tbsp), teaspoons (tsp), etc.
- As much as possible, try to indicate the quality and source of meats, eggs, vegetables, oils, etc. (e.g. “organic grass-fed beef” instead of just “beef”).
- Indicate if a meal was home cooked, store bought, or eaten at a restaurant.
- Please indicate if you skipped a meal or fasted.

FOOD & MOOD JOURNAL DIRECTIONS

DRINKS COLUMN

- Write down **everything** you drink, including coffee, tea, alcohol, water, etc.
- Include approximate amounts for each beverage in fluid ounces (fl. oz.) or milliliters (ml).
- As much as possible, try to indicate the quality and source of your water (e.g. filtered, natural spring, well, tap, etc.).

SUPPS, HERBS & MEDS COLUMN

- Write down the product name and dosage of each supplement, herb, or medication you take.

ENERGY & MOOD COLUMN

- Keep track of your energy level and mood throughout the day, especially as related to meals.

MOVEMENT & RELAXATION COLUMN

- Track the type, time, and intensity of all movement and exercise.
- If you engage in any relaxation activities, note the type and duration.

DIGESTION & REACTIONS COLUMN

- Monitor your digestion throughout the day, noting any bloating, gas, nausea, abdominal cramps, etc.
- If you have any reactions to specific foods, drinks, etc., note them here.
- If you have a bowel movement, note the time and Bristol number (see chart below).



1 SEPARATE HARD LUMPS. DIFFICULT TO PASS.



2 LUMPY & SAUSAGE LIKE. DIFFICULT TO PASS.



3 SAUSAGE SHAPE WITH CRACKS ON SURFACE.



4 SMOOTH, SOFT SAUSAGE SHAPE. NO CRACKS.



5 SOFT BLOBS WITH CLEAR-CUT EDGES.



6 MUSHY WITH RAGGED EDGES.



7 LIQUID WITH NO SOLID PIECES.



WELLNESS

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FOOD & MOOD JOURNAL

Name [] Date [] Wake Time [] Sleep Time []

Table with 7 columns: MEAL TIMES, FOODS, DRINKS, SUPPS, HERBS & MEDS, ENERGY & MOOD, MOVEMENT & RELAXATION, DIGESTION & REACTIONS. Rows include START and END time fields.