

Food and Mood Tracker

Weight lbs. oz.

Date

Day	Time	What I ate and drank	H2O Oz.	Supplement List	Physical Activity	How I felt Physically		How I felt Emotionally	
						<input type="checkbox"/> 20 mins after I ate	<input type="checkbox"/> 20 mins after I ate		
MONDAY	5am					<input type="checkbox"/> Alert	<input type="checkbox"/> Happy		
	6am					<input type="checkbox"/> Energetic	<input type="checkbox"/> Bored		
	7am					<input type="checkbox"/> Hungry	<input type="checkbox"/> Depressed		
	8am					<input type="checkbox"/> Thirsty	<input type="checkbox"/> Lonely		
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OBSERVATIONS

Did certain food or drink make me tired or exhausted?

Were there times I had more cravings? What did I eat before?

Did I take all my recommended Supplements? How did I feel? Did any supplement make me nauseated? Consider taking supplements with a smoothie.

How many ounces of water did I drink? How did I feel (bloating, full)?

Did I exercise, stretch, or walk today?

