

Name _____

Food & Mood Journal

Date _____

My sleep last night was: GREAT GOOD OK NOT SO GOOD REALLY BAD WHAT'S SLEEP?

I slept _____ hours. I went to bed at: _____ I woke up at: _____

MEAL TIME	FOOD	DRINK	SUPPLEMENTS, HERBS & MEDS	MOOD & ENERGY LEVELS	DIGESTION & REACTIONS
<i>start</i>					
<i>end</i>					
<i>start</i>					
<i>end</i>					
<i>start</i>					
<i>end</i>					
<i>start</i>					
<i>end</i>					
<i>start</i>					
<i>end</i>					

Was I Aligned with My Why, Today? YES NO

TODAY...

I drank _____ ounces of water
Electrolytes: YES NO

My Movement Was: _____

Hunger Levels Were: _____

My Overall Mood Was: _____

TODAY'S STRESS LEVEL:



low level of stress. I feel relaxed & chill.

moderate level of stress. it feels mostly manageable.

high level of stress. change in behavior & stress management is necessary ASAP

Today's Mindfulness / Stress Reductions: _____
