



Name: _____ Date: _____

Meal	Beverages	Mood/Digestive Changes
Breakfast (Time: _____)		
Snacks (Time: _____)		
Lunch (Time: _____)		
Snacks (Time: _____)		
Dinner (Time: _____)		
Snacks (Time: _____)		

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Write down everything you eat and drink for five days, including all snacks, beverages, and water. Please include approximate amounts. If you notice any mood or digestive changes associated with the meal/snack, record it in the right-hand column.

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