

Food & Mood Journal

Date:	Name:
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Time	Food Choices	Feelings After Eating* (see back page)
		I am still craving:
		I am still craving:
		I am still craving:
		I am still craving:
		I am still craving:
		I am still craving:

* Select ALL physical & emotional feelings that apply to your current state even if you don't think it was caused by food or you feel them daily regardless of what you eat -- see ideas on back.

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Physical Feelings

Select ALL that apply and insert into *Feelings After Eating* column.

Achy joints Asthma flare Bloating Blurry vision Brain fog Burning or acidic feeling in stomach Clearing throat constantly Congestion Crave alcohol Crave chocolate Crave sweets	Crave _(fill in the blank)____ Difficulty breathing/wheezing Dizzy Food feels like it just “sits” there Gas Gurgling in stomach/bowels Headache Hungry Jittery Loose stools	Nausea Neck pain Reflux Scratchy or sore throat Skin itches Sleepy Sneezing, watery eyes (allergy-like symptoms) Stuffed Tired Water retention, feeling “puffy”
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Emotional Feelings

Select ALL that apply and insert into *Feelings After Eating* column.

Aggressive Angry Anxious Balanced Bored Confident Content Depressed Disinterested in things and other people Disoriented Distracted	Energetic Emotional (cry easily) Empty, lacking feeling Exhilarated Fearful, scared Free Focused Frantic Grief Happy Hopeful Joyous	Irrational Irritated Lonely Mellow Optimistic Paranoid Peaceful Relaxed Sad Satisfied Shy Spastic/flustered
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