

# Food and Mood diary

Name \_\_\_\_\_ Date \_\_\_\_\_



*Eternal Health*

Please choose two fairly typical week days and a weekend or 'day off' and record as much as you can about your eating, sleep and leisure patterns on the page below. Please give as much information as possible – home cooked or not, brand names, fresh, packaged, whole, refined, organic etc. to assist an accurate picture to be built.

**Your diet** – please record your food intake across 2 work/week days and 1 week end/day off

**Your Routine** – please do the same for your routine

	Weekday 1	Weekday 2	Day Off
Breakfast	Time: _____	Time: _____	Time: _____
Lunch	Time: _____	Time: _____	Time: _____
Dinner	Time: _____	Time: _____	Time: _____
Snacks	Time: _____	Time: _____	Time: _____
Drinks	___ coffees (___ sugars per cup) ___ 'normal' tea (___ sugars per cup) ___ green/herbal tea ___ fizzy drinks / cordial ___ units of alcohol ___ glasses of water other drinks _____	___ coffees (___ sugars per cup) ___ 'normal' tea (___ sugars per cup) ___ green/herbal tea ___ fizzy drinks / cordial ___ units of alcohol ___ glasses of water other drinks _____	___ coffees (___ sugars per cup) ___ 'normal' tea (___ sugars per cup) ___ green/herbal tea ___ fizzy drinks / cordial ___ units of alcohol ___ glasses of water other drinks _____

	Day 1	Day 2	Day 3
Wake up time			
Get up time			
Work day start time			
Work day breaks (total hrs)			
Time spent travelling			
Time spent exercising			
Type of exercise			
Time spent relaxing			
Type of relaxation			
Other leisure activity			
Other routine....			
Time spent outdoors			
Energy low times			
Overall mood			
Go to bed time			
Fall asleep time			
Uninterrupted sleep?			

Please return to: [samantha.farmer@eternalhealth.co.uk](mailto:samantha.farmer@eternalhealth.co.uk)