

Date:

# FOOD AND MOOD JOURNAL

Time	Food/Drink/Medication Consumed	BM	Stress Level (1-10)	Body/Emotions
AM/PM				



Glasses of Water Consumed

## Getting Your Zzzs

Hours of Sleep:

How did you feel when you woke up this morning?

Did you wake up during the night? If so, when and for how long?

# GUIDE TO THE FOOD AND MOOD JOURNAL

## Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. <b>Entirely Liquid</b>

### Food/Drink/Medication Journal

- Do not suddenly change your eating habits. This journal is to look at your regular food patterns. If that means McDonald's for 5 nights, then that is what you need to write in. Writing down your food intake may make you feel some guilt about your eating habits, but you need to make no major changes until you have completed this journal for 2 weeks.
- Detail your food intake as well as any drinks other than pure water.
- Also list your medications, whether they are prescriptions or some over-the-counter cold pills.
- If you decide to make changes after the first 2 weeks, only change one thing at a time! Maybe go from dairy to soy, or cut down on red meat, or margarine to butter, but not all at once!

### BM (Bowel Movements)

No, this column wasn't a joke - poop is important. Other than pain and discomfort, your bowels are often an indicator of how your food is affecting you. Fill in the type of bowel movement based on the handy chart at right and also whether or not you felt urgency to get to the bathroom.

### Stress Level

- Describe your stress level on a scale of 1-10
- 1 being calm, cool and collected.
- 10 being stressed enough that you want to climb under your desk and wait until the day is over to come out.
- If you know what the source of your stress is, write it in this column. If you aren't sure about the source of your stress, just leave it blank.

### Body/Emotions

- Describe any aches, pains, or general discomfort: headaches, gas, nausea, sore joints, etc.
- Describe your emotional state: happiness, calm, fear, anger, frustration, elation, contentment, etc.
- Feel free to include any exercise that you do in this section. I didn't include a separate section for movement/exercise since the goal for this chart is not weight loss.

### Glasses of Water Consumed

Many people are dehydrated on a regular basis and don't even know it! You need to drink water throughout the day. The general recommendation is to drink half your weight in ounces of water. I weigh 140 pounds, so I need to drink 70 ounces of water per day. So for me, each glass in the chart is for 10 ounces of water. I monitor my intake with a Nalgene labeled in ounces, but you may need to alter the water glasses to fit your needs.

### Getting Your Zzzs

Sleep can impact your appetite and your mood and vice versa, therefore it needs to be monitored. Get down the number of hours, how you felt in the morning (restless, exhausted, awake), and how often you were up during the night. Also, what happened when you were up during the night? Be thoughtful about your nighttime hours.

