

3-Day Diet, Exercise, & Mood Journal

Name _____ Day _____ Date _____

NUTRITION

Time	Length of Meal	Food Type & Amount	Liquid Type & Amount	Supplement & Medication Type & Amount	Where & With Whom	Feelings/Energy Before Meal	Feelings/Energy After Meal

ACTIVITY & EXERCISE

Time/Energy Emotions Before & After Activity	Type of Activity	Length of Activity	Location of Activity & With Whom