Day		Date:	
Meal	Food	Beverages (type/amount)	Moods/Symptoms
Wake up time:			
Breakfast			
Time:			
Snack			
Time:			
Lunch			
Time:			
Snack			
Time:			
Dinner			
Time:			
Snack			
Time:			
Exercise:			Duration:
Sleep – Duration and Qua	lity:		
p Duration and Que	<i>J</i> •		
Personal Time:			

## Food, Mood, Sleep and Exercise Diary

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