

# FOOD & MOOD JOURNAL

DATE:     /     /

	TIME	FOOD/BEVERAGE	SUPPLEMENTS	MOOD / ENERGY CRAVINGS / DIGESTION / HEADACHES
<input type="checkbox"/> BREAKFAST				
<input type="checkbox"/> LUNCH				
<input type="checkbox"/> DINNER				
<input type="checkbox"/> SNACK #1				
<input type="checkbox"/> SNACK #2				
<input type="checkbox"/> SNACK #3				

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