# Daily Food/Supplement/Mood Record

1. Please write out any changes that you may make in you or your child’s diet or supplementation.
2. It’s important to make one change at a time (whether it’s a food or a supplement) so that we can monitor progress/symptoms.

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|  | **Time** | **Food/Supplements** | **Mood/Energy/Symptoms** |
| *Example* | *9:00 AM* | *usual- eggs/spinach/almonds, GF toast with ghee* | *10:00 feel fine, 11:00 low energy, stressed* |
| **Breakfast** |   |   |   |
| **Snack** |   |   |   |
| **Lunch** |   |   |   |
| **Snack** |   |   |   |
| **Dinner** |   |   |   |
| **Night-Time** |   |   |   |
|  |  |  |  |
| **Other Notes:** |  |  |  |
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