

Daily Inventory

Name:

Date:

Please complete one for at least 3 typical work days and 2 typical weekend days.

How is your mood before breakfast:	
Breakfast Include everything you eat/drink and the time. The more information the better.	
Before lunch answer the following:	
Was breakfast satisfying?	
Did you need a snack?	
Did you have any food cravings?	
How is your mood?	
How is your energy?	
How is your mental clarity?	
Lunch Include everything you eat/drink and the time. The more information the better.	
Before dinner answer the following:	
Was lunch satisfying?	
Did you need a snack?	
Did you have any food cravings?	
How is your mood?	
How is your energy?	
How is your mental clarity?	
Dinner Include everything you eat/drink and the time. The more information the better.	
Before bed answer the following:	
Was dinner satisfying?	
Did you need a snack before bed?	
Did you have any food cravings?	
How is your mood?	
How is your mental clarity?	

What is your overall assessment of how you felt today?

How much water did you drink today?

Did you have a bowel movement?

If so, what time of day?