

# IATTAR-C, LTD

INSTITUTE FOR ADDICTION TREATMENT, TRAINING & RESEARCH-CARIBBEAN, LTD

■ INTEGRATIVE CLINICAL

■ PSYCHOMETRICS

■ SUBSTANCE ABUSE

■ EAP

■ FORENSIC PSYCHOLOGICAL SERVICES

NAME: \_\_\_\_\_ DATE [DD/MM/YY]: \_\_\_\_\_

**INSTRUCTIONS:** Please, write down everything you eat and drink for three days, including all snacks, beverages, and water. Please include approximate amounts. Describe energy, mood or digestive responses associated with a meal/snack, and record it in the right-hand column. Use an up arrow (↑) for an increase in energy/mood, down arrow (↓) for a decrease in energy/mood, and an equal sign (=) if energy/mood is unchanged. Please complete at least three (3) separate data sheets over three separate days. Thank you!

DAY/ EVENT	TIME:	FOOD INTAKE [Include type, amount, brand]	BEVERAGE(S) (Include type, amount, brand)	ENERGY LEVEL: [↓,↑, OR =]	MOOD: [↓,↑, OR =]	DIGESTIVE REACTION: [Gas, bloating, gurgling, elimination, etc.]	AM SUNLIGHT? PM SUNLIGHT? (Yes/No-If so how much)
RISING [AM/ PM]							
BREAKFAST							
MID-AM SNACK							
LUNCH							
MID-PM SNACK							
DINNER							
PM SNACK							
BED							

**NOTES/ COMMENTS:**