

Food/Mood/Craving Study

1. Today's Date: _____
2. M/F _____ Age range: <18, 18-29, 30-60, >60

Please answer the following questions about the last 24 hours. Thank you.

1. Please circle the meals you ate over the last 24 hours:
Breakfast Lunch Snack Dinner Snack
2. *Foods which contain protein include meat, fish, eggs, cow's milk, cheese, nuts, peanut butter, tofu, beans, protein bars, protein powder.* Please circle the meals which contained at least 1 serving of protein: Breakfast Lunch Snack Dinner Snack
3. How many times over the last 24 hours did you consume a food or beverage that contained sugar or corn syrup? *This could include regular soda, sugar in your tea or coffee, candy, pastries such as donuts or cookies, Gatorade, icecream, sweetened cereal, etc.* : 0, 1-2, 3-5, 5-10, >10
4. How many times over the last 24 hours did you consume a food or beverage that contained an artificial sweetener such as stevia, Sweet & Low, aspartame, saccharin, etc.? 0, 1-2, 3-5, 5-10, >10
5. How many times over the last 24 hours did you consume a food or beverage that contained food coloring, artificial flavorings or preservatives? 0, 1-2, 3-5, 5-10, >10
6. On a scale of 0-5, with 5 being the strongest, how strong or frequent were your cravings over the past 24 hours? 1...2...3...4...5
7. On a scale of 0-5, with 5 being the strongest, how strong was your agitation or anger over the past 24 hours? 1...2...3...4...5
8. On a scale of 0-5, with 5 being the strongest, how strong was your anxiety/depression over the past 24 hours? 1...2...3...4...5
9. On a scale of 0-5, with 5 being the strongest, how many times did you get into trouble over the past 24 hours? 1...2...3...4...5 (If applicable)
10. Did you have trouble getting to sleep, or staying asleep? Y/N
11. If you are female, is your period supposed to start within the next 10 days? Y/N
12. Are you on psychiatric meds? Y/N
13. Did you take supplements today? Y/N