

CAFFEINE JOURNAL

CUPS OF COFFEE/CAFFEINE INTAKE: _____

FEEL-GOOD, DOPAMINE BOOSTER FOOD (MINIMUM: 1): _____

FEEL-GOOD, DOPAMINE ACTIVITY (MINIMUM: 1) : _____

FOOD JOURNAL:

BREAKFAST: _____

SNACK: _____

LUNCH: _____

SNACK: _____

DINNER: _____

SNACK: _____

WHAT'S MY AVERAGE DAILY MOOD TODAY?

1 2 3 4 5 6 7 8 9 10

WHAT'S MY AVERAGE DAILY FOCUS AND ATTENTION LEVEL TODAY?

1 2 3 4 5 6 7 8 9 10

WHAT'S MY AVERAGE DAILY ENERGY LEVEL TODAY?

1 2 3 4 5 6 7 8 9 10

HOW'S MY AVERAGE SLEEP QUALITY FROM THE NIGHT BEFORE?

1 2 3 4 5 6 7 8 9 10