

Food for Mood

START HERE

Notice patterns. Make eating more workable. Review what helps.

Food is one part of wellbeing. Start with what is available, acceptable, and manageable. Choose one practical support, notice everyday functioning, and bring useful observations to care. You do not need a perfect diet or a complete log to begin.

1

NOTICE

2

CHOOSE

3

TRY

4

REVIEW

One person. One goal. One manageable experiment.

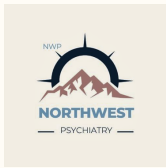
Use only what helps. Start with the essential path; the reference pages and support-card library are optional. No workbook answer creates a diagnosis or prescribes treatment.

For children ages 6-12 with a caregiver, teens ages 13-17, and adults. Adapt to developmental ability, culture, disability, sensory needs, and resources. Younger children need an individualized caregiver-led feeding approach. This educational workbook supports care; it does not diagnose a condition, prescribe a medical diet, or replace treatment.

Initials or nickname (optional)

One thing I hope will become easier

PDF: type in the fields or print, save your own copy, and reopen it to check entries. Automatic suggestions and graphs are in the companion offline HTML tool.



Choose a manageable route

ESSENTIAL PATH

Choose the route that fits

☐ Child + caregiver | 6-12

An adult handles food access and planning; the child can speak, draw, point, or choose.

☐ Teen | 13-17

Agree on privacy and support. Include the teen in food, timing, and tracking choices.

☐ Adult | 18+

Adapt around work, study, caregiving, disability, and later-life needs.

The essential path

Check context and care needs / page 3

Notice patterns and preferences / page 4

Build one accessible meal or snack / page 6

Make one food task easier / page 7

Choose a support and make a plan / page 8

Optional two-week record / page 10

Review and decide the next step / page 12

Optional library

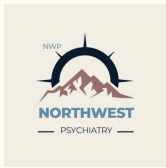
Flexible food ideas / page 13

Detailed support cards / page 15

Guide and context / page 22

Evidence and linked references / page 25

For children, a caregiver or clinician can read, draw, or scribe. For teens, agree on privacy and what will be shared. Adults choose whether to include a support person.



Fit the plan to the person

BEFORE YOU BEGIN

Use the following prompts to decide what should be discussed before choosing a self-guided exercise. These are context checks, not a diagnostic screen.

☐ Use a supported eating-care route

Discuss eating distress or a narrowing food range with a qualified clinician or dietitian. Skip detailed food or mood tracking if it increases checking, shame, or restriction. Use the support and access cards while arranging individualized care.

☐ Let the existing care plan lead

Ask the relevant clinician or dietitian which changes fit your health, feeding, pregnancy, medication, or swallowing needs. This tool cannot set fluid, nutrient, texture, or meal-timing prescriptions.

☐ Check every ingredient and preparation method

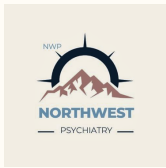
Use known safe foods and follow the allergy plan. Check labels and cross-contact arrangements; neither the tool nor a substitute ingredient can establish that a meal is safe.

☐ Seek medical help before a workbook experiment

Severe or rapidly worsening symptoms need prompt medical attention. For breathing difficulty, loss of consciousness, or another emergency, call local emergency services; in the U.S., call 911. Follow any prescribed allergy emergency plan.

What support or clinical guidance will we use?

Select the corresponding context in the offline tool so its suggestions can respect these limits. A clinician can help choose an appropriate next step.



Notice the pattern / 1

NOTICE FIRST

Choose what fits today. Skip any item that is not useful. For a single-choice question, mark one option; for multiple choices, mark all that apply.

What would make everyday life easier?

Choose one starting aim; you can change it later.

- | | |
|--|---|
| ☐ More reliable access to meals or snacks | ☐ Less effort to get food ready |
| ☐ Calmer, more comfortable eating | ☐ More options within my preferences |
| ☐ Explore caffeine or evening routines | ☐ Understand my pattern first |

What most often gets in the way?

Select only the issues that matter now.

- | | |
|--|---|
| ☐ I forget or lose track of time | ☐ Low appetite or appetite changes |
| ☐ Low energy for preparation | ☐ Cost, transport, or food availability |
| ☐ Texture, smell, temperature, or noise | ☐ School, work, or shifting schedules |
| ☐ Pressure, conflict, or self-criticism | ☐ Too many choices or few accepted foods |
| ☐ Caffeine may be affecting me | |

What already works?

Include familiar foods, helpful people, routines, cultural traditions, or easier days.

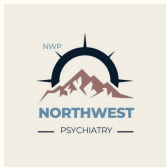
Which foods and drinks are comfortable and available?

Name a few options. This is not a test of food quality or variety.

What preparation setup fits most days?

Ideas should fit the resources you have.

- | | |
|--|---|
| ☐ Kitchen and some preparation time | ☐ Limited time, equipment, or energy |
| ☐ Mostly ready-to-eat options | ☐ Reliable food access is the first need |



Notice the pattern / 2

NOTICE FIRST

Choose what fits today. Skip any item that is not useful. For a single-choice question, mark one option; for multiple choices, mark all that apply.

Is there a drink-related support you want to explore?

There is no required fluid target in this workbook.

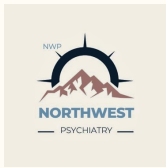
- | | |
|---|---|
| ☐ No change needed right now | ☐ A convenient cue or drink access |
| ☐ Caffeine timing or effects | ☐ Unsure; discuss first |

When does eating become hardest?

For example: mornings, transitions, appointments, school lunch, late shifts, or days with low mood.

What must food choices respect?

List allergies, cultural or religious needs, vegetarian choices, swallowing/texture directions, and any existing nutrition plan.



Build one accessible meal or snack

GUIDED PRACTICE

Start with accepted foods. Check allergies, medical directions, safe preparation, culture, cost, and access before using any example.

Choose this exercise with care

If these contexts apply, discuss a different response first: Use a supported eating-care route; Let the existing care plan lead; Seek medical help before a workbook experiment.

Foods already comfortable and available

Start with what works; no completeness requirement.

One combination I would like to try

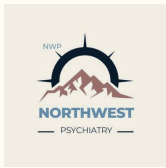
Separate components if that helps.

How it fits my needs

An example is not an allergy or medical-diet clearance.

A backup for a difficult day

Keep the backup realistic.



Make one food task easier

GUIDED PRACTICE

Food access and preparation problems are practical problems, not character flaws. Choose one barrier you can address or ask someone to help with.

Choose this exercise with care

If these contexts apply, discuss a different response first: Seek medical help before a workbook experiment.

When is food hardest to access or manage?

Use a typical example.

What makes it hard?

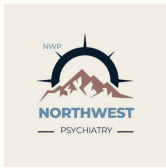
Several barriers may interact.

One small practical change

It may be an access change rather than a food change.

Help needed and next contact

A clinician, dietitian, school team, social worker, or trusted person may help.



Choose one support

A SHARED DECISION

Look for a support that fits your current priority, age, capacity, and care plan. The browser edition explains its suggestions from your selected answers. These suggestions are practical matches, not validated treatment recommendations.

Support-card directory

F01 / Create one reliable eating opportunity

Routine

F02 / Build from a familiar base

Meal building

F03 / Make a low-effort backup list

Access

F04 / Address access before optimization

Food access

F05 / Bring appetite changes into care

Appetite

F06 / Make drinks easy to access

Everyday routine

F07 / Review caffeine and sleep together

Caffeine

F08 / Explore one acceptable addition

Variety

F09 / Adjust the sensory setting

Comfort

F10 / Lower pressure at shared meals

Family + relationships

F11 / Shrink one planning task

Planning

F12 / Respond to comfort needs kindly

Food + feelings

F13 / Plan the school or work handoff

Away from home

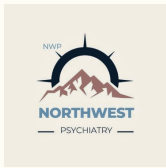
F14 / Prepare a useful care conversation

Care team

One support-card ID to explore

Why does this fit this person and situation?

Check the card's cautions and adaptations before trying it. Choose the smallest useful step and agree on what help is needed.



Make a small, clear plan

TRY ONE THING

A useful plan is specific enough to try and small enough to repeat. Keep the focus on the person's experience and everyday functioning.

The situation or routine

One observable goal

The support and exact first step

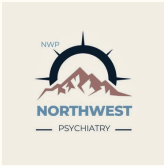
When, where, and who will help

A lower-effort version for a difficult day

What I will notice (choose one main outcome)

When we will review it

Examples of outcomes: a routine becoming easier, returning to a chosen activity, less time stuck, or a workable food option being available. Personal ratings are optional and have no diagnostic cutoff.



Your observation record / week 1

OPTIONAL TRACKING

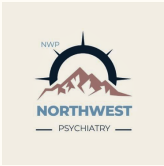
Keep entries brief and optional. Missing entries stay missing; zero is a real rating. If food or mood tracking increases eating distress, skip the ratings and use only a brief support note, or skip the record.

Mood / emotional wellbeing (optional): 0 = Very difficult; 10 = Very good.
Ease of getting food that works (optional): 0 = Very difficult; 10 = Very easy.

Date	Support used*	Rating 1	Rating 2	What happened with the support I chose?	What else affected today? Sleep, stress, illness, schedule, or care changes

* Use yes, partly, no, or leave blank. Date can be month/day. Ratings describe your experience, not a clinical test or proof of what caused a change.

One thing worth remembering from this week



Your observation record / week 2

OPTIONAL TRACKING

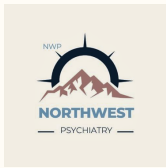
Keep entries brief and optional. Missing entries stay missing; zero is a real rating. If food or mood tracking increases eating distress, skip the ratings and use only a brief support note, or skip the record.

Mood / emotional wellbeing (optional): 0 = Very difficult; 10 = Very good.
Ease of getting food that works (optional): 0 = Very difficult; 10 = Very easy.

Date	Support used*	Rating 1	Rating 2	What happened with the support I chose?	What else affected today? Sleep, stress, illness, schedule, or care changes

* Use yes, partly, no, or leave blank. Date can be month/day. Ratings describe your experience, not a clinical test or proof of what caused a change.

One thing worth remembering from this week



Review what helped

KEEP / ADAPT / DISCUSS

Look at the whole picture: whether the support was used, what was happening around it, whether it was acceptable, and whether everyday life became easier.

What seemed useful, and in which situations?

What else changed (sleep, stress, support, health, routines)?

Was the plan comfortable, feasible, and worth the effort?

What does the child, teen, or adult want to keep or change?

Our next small step and any help needed

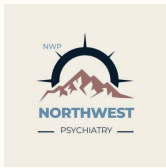
Next decision

☐ Keep it

☐ Adapt it

☐ Pause / discuss

A short personal trial cannot establish causation. A difficult day is useful information, not failure. If tracking increases distress or repetitive checking, simplify it or review it with a clinician.



Flexible food ideas / 1

OPTIONAL REFERENCE

Ideas to adapt using accepted foods, culture, budget, access, allergies, and any prescribed nutrition plan. These are examples, not portion prescriptions or a meal plan for a medical condition.

Rice or grain bowl

A familiar grain, beans/tofu/egg or another accepted protein, and preferred vegetables or sauce.
Adapt: Use cultural seasonings, canned or frozen components, and separated servings if preferred.

Simple bread or wrap meal

A preferred bread or wrap with a familiar filling and optional produce on the side.
Adapt: Choose ingredients that meet allergy and dietary needs; check spreads and cross-contact.

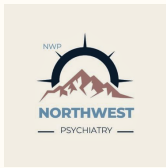
Warm porridge or cereal

A familiar grain with tolerated milk or an appropriate fortified alternative, plus optional fruit or seed spread.
Adapt: Match texture and temperature preferences; alternatives are not nutritionally identical.

Soup plus a familiar side

A ready-made or homemade soup with bread, rice, potato, or another accepted side.
Adapt: Use low-preparation options and follow any medical sodium or texture instructions.

One version that would work for us



Flexible food ideas / 2

OPTIONAL REFERENCE

Ideas to adapt using accepted foods, culture, budget, access, allergies, and any prescribed nutrition plan. These are examples, not portion prescriptions or a meal plan for a medical condition.

Noodles with additions

Familiar noodles, a preferred sauce, and an optional protein or vegetable.
Adapt: Keep additions separate when mixed textures are difficult.

Snack-style meal

Several accepted foods, such as a grain food, protein food, fruit, or another available choice.
Adapt: A meal can be assembled rather than cooked; adapt choking and swallowing safety individually.

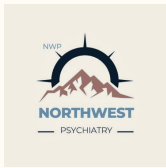
Potato or other staple plate

A cooked staple with an accepted topping, beans, egg, fish, tofu, or another familiar choice.
Adapt: Choose local staples and convenient cooking methods that fit the household.

Leftovers with one addition

A safely stored familiar meal with an optional side or topping.
Adapt: Follow safe storage and reheating practices; adapt portions to appetite and the care plan.

One version that would work for us



Support cards / 1

OPTIONAL SKILL LIBRARY

F01 / Create one reliable eating opportunity

Make food available at one predictable point in the day. A workable cue and an accessible option can reduce the planning needed in a busy routine.

Try it

1. Choose a situation that often leaves you without an eating opportunity.
2. Place a familiar option where it can be accessed safely; agree on a simple cue.
3. Notice whether access becomes easier. Adapt timing and amount to the person and care plan.

Notice: Was a suitable option available when needed?

Adapt it

Child: A caregiver prepares an after-school option before the child arrives.

Teen: Keep an agreed snack available during a long school or activity day.

Adult: Pair a planned work break with an accessible meal or snack.

Use: Try on a few suitable days, then review within two weeks.

Practical routine support: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E04

F02 / Build from a familiar base

Start with a food you already eat. Consider an addition that makes the meal more satisfying or varied, without needing every meal to follow a perfect template.

Try it

1. Choose a familiar base such as rice, bread, noodles, potatoes, or another cultural staple.
2. Consider a compatible protein food, produce, or fat according to preference and dietary needs.
3. Choose the smallest affordable addition that sounds acceptable; separate components if helpful.

Notice: Was the meal manageable and satisfying?

Adapt it

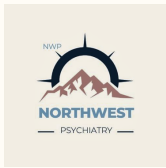
Child: Serve familiar components separately and let the child choose among available foods.

Teen: Add a preferred side to an easy lunch rather than redesigning the whole meal.

Adult: Use a usual staple as the starting point for a flexible meal.

Use: Try on a few suitable days, then review within two weeks.

General nutrition guidance: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E04



Support cards / 2

OPTIONAL SKILL LIBRARY

F03 / Make a low-effort backup list

Prepare a few fallback options for low-energy days. Ready-to-eat, frozen, canned, and convenience foods can be part of an achievable plan.

Try it

1. List two or three accepted combinations requiring very little preparation.
2. Check storage, equipment, cost, allergies, and help needed to access them.
3. Keep the list visible and replenish one option when possible.

Notice: Could I access a backup without extra decision-making?

Adapt it

Child: An adult stocks an accepted snack and a simple meal option.

Teen: Choose a backup that can be prepared with available kitchen permissions.

Adult: Keep an option for a late shift, pain flare, or difficult mood day.

Use: Try on a few suitable days, then review within two weeks.

Practical access support: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E04

F04 / Address access before optimization

When money, transport, housing, or equipment limits food, reliable access comes first. Choosing a support service or practical helper can be the most useful next step.

Try it

1. Identify the main barrier: cost, shopping, transport, storage, or preparation.
2. Choose one contact: a school meal team, local pantry, social worker, or benefits navigator.
3. Ask for help with the actual next step, including a form, call, delivery, or ride.

Notice: Did access improve or did I reach the right helper?

Adapt it

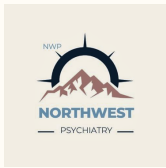
Child: A caregiver asks the school which meal supports are available.

Teen: Agree with an adult on how to obtain food discreetly during the school day.

Adult: Explore local food resources or SNAP with help if the application is burdensome.

Use: Try on a few suitable days, then review within two weeks.

Resource navigation: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E10



Support cards / 3

OPTIONAL SKILL LIBRARY

F05 / Bring appetite changes into care

Low appetite may make food routines harder. Work with accepted foods and practical access while discussing persistent changes, medication effects, or physical symptoms with the appropriate clinician.

Try it

1. Describe when appetite changes occur and what remains comfortable to eat.
2. If appropriate within the care plan, make a familiar option easier to reach or divide a preparation task.
3. Bring persistent change, pain, nausea, unintentional weight change, or growth concerns to care.

Notice: What was comfortable, and what needs clinical review?

Adapt it

Child: A caregiver notes comfortable options and discusses ongoing concerns with the pediatric clinician.

Teen: Describe appetite changes in your own words and agree on support without pressure.

Adult: Tell the prescriber about timing and impact; do not change medication on this worksheet.

Use: Discuss persistent or worsening changes promptly; do not wait for a trial to finish.

Clinical discussion support: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E07

F06 / Make drinks easy to access

If you want a drink-access cue, choose a convenient place or moment. The aim is access and comfort, not a prescribed volume or a hydration score.

Try it

1. Identify when an appropriate drink is difficult to access.
2. Choose a cup, bottle, reminder, or helper that fits mobility and sensory needs.
3. Review comfort and practicality; follow medical fluid or swallowing instructions.

Notice: Was an appropriate drink available without extra effort?

Adapt it

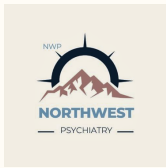
Child: An adult checks that an appropriate drink is available during activities.

Teen: Plan access during class, work, sports, or travel.

Adult: Use an easy-to-handle container in a place you already visit.

Use: Try on a few suitable days, then review within two weeks.

Practical access support: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E04



Support cards / 4

OPTIONAL SKILL LIBRARY

F07 / Review caffeine and sleep together

Caffeine can affect sleep, anxiety, and physical comfort, with individual sensitivity. Begin with what you use and when, then discuss an appropriate change.

Try it

1. Note caffeine sources and timing on a few typical days, without judging the pattern.
2. For adults, consider an earlier time or gradual reduction if appropriate; discuss medication or pregnancy-related questions with a clinician.
3. For children and teens, involve a caregiver or clinician; energy drinks are not recommended.

Notice: Notice sleep and physical comfort; do not assume caffeine explains every symptom.

Adapt it

Child: A caregiver checks drinks offered during the day.

Teen: Discuss energy drinks and sleep without blame or punishment.

Adult: Try one agreed timing change and note sleep and comfort.

Use: Try on a few suitable days, then review within two weeks.

Care: Sensitivity varies. Avoid abrupt large changes if you use caffeine regularly; seek advice about concerning symptoms.

Official consumer guidance: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E06

F08 / Explore one acceptable addition

Variety can grow through small, chosen changes. Keep familiar foods available and choose an addition that respects taste, texture, culture, and affordability.

Try it

1. Identify a familiar food and one feature you might be comfortable changing.
2. Offer the option separately, with permission to decline and without making it a test.
3. Record comfort or curiosity only if useful; keep access to accepted foods.

Notice: Was the experience comfortable enough to consider again?

Adapt it

Child: A child may help choose or prepare an option without being required to eat it.

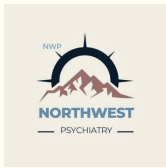
Teen: Select a familiar flavor or texture to explore on your own terms.

Adult: Try an affordable variation of a food you already enjoy.

Use: Try on a few suitable days, then review within two weeks.

Care: A shrinking food range, distress, or nutritional concerns need individualized feeding or eating-care assessment.

Low-pressure practical adaptation: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E08



Support cards / 5

OPTIONAL SKILL LIBRARY

F09 / Adjust the sensory setting

Sometimes the setting or presentation makes eating harder. Change one sensory feature while preserving foods the person can comfortably access.

Try it

1. Ask what is difficult: smell, noise, temperature, mixing, utensils, packaging, or seating.
2. Choose one practical change, such as quieter seating or separated components.
3. Let the person describe whether comfort or access improved.

Notice: Was the eating situation more comfortable?

Adapt it

Child: Offer a quieter seat and familiar utensils.

Teen: Arrange a lunch option that respects privacy and sensory preferences.

Adult: Use a preferred temperature, container, or seating arrangement.

Use: Try on a few suitable days, then review within two weeks.

Individualized practical support: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E07

F10 / Lower pressure at shared meals

Make meals a place for support and connection. Agree on language and roles that reduce conflict around food, appetite, or body size.

Try it

1. Ask which comments or expectations make eating more stressful.
2. Agree on one change: no body commentary, no forced bites, or fewer food arguments.
3. Focus on a shared topic or practical support and review the experience together.

Notice: Did the meal involve less pressure or conflict?

Adapt it

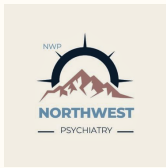
Child: An adult offers available choices and avoids bargaining over bites.

Teen: Agree on which questions feel supportive and which feel intrusive.

Adult: Tell a partner or support person what helps at meals.

Use: Try on a few suitable days, then review within two weeks.

Caregiver guidance adaptation: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E08



Support cards / 6

OPTIONAL SKILL LIBRARY

F11 / Shrink one planning task

Reduce the number of decisions required to obtain food. A short list and one assigned step may be more workable than a detailed meal plan.

Try it

1. Choose one recurring task: list-making, shopping, unpacking, or preparing a component.
2. Make the task concrete and small; decide who will do it and when.
3. Keep the useful part and drop planning steps that create unnecessary burden.

Notice: Was the task easier to start or complete?

Adapt it

Child: A child chooses between two available options while an adult handles purchasing.

Teen: Make a short shared list before a shopping trip.

Adult: Repeat a reliable shopping list and change only what is needed.

Use: Try on a few suitable days, then review within two weeks.

Original planning tool: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E04

F12 / Respond to comfort needs kindly

Food can be part of comfort and connection. Notice the need underneath a difficult moment and consider additional support without creating rules about earning or compensating for food.

Try it

1. Name the situation and feeling without labeling yourself or the food as good or bad.
2. Ask what else may help alongside nourishment: rest, company, a break, or help with a problem.
3. Choose a kind, practical next step; discuss recurrent distress or loss-of-control eating with a clinician.

Notice: Did the response feel less judgmental and more supportive?

Adapt it

Child: An adult helps name feelings and offers comfort without using food as a bargaining tool.

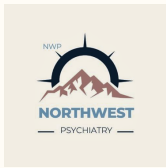
Teen: Ask for support without needing to defend or judge what you ate.

Adult: Notice the need for rest or connection and choose one additional support.

Use: Try on a few suitable days, then review within two weeks.

Care: Skip this exercise if it increases restriction, checking, shame, or urges to compensate for eating.

Original reflection tool: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E07



Support cards / 7

OPTIONAL SKILL LIBRARY

F13 / Plan the school or work handoff

Translate a workable home routine into the setting where food is harder to access. Focus on practical arrangements, dignity, and the person's preferences.

Try it

1. Identify the specific setting and one access barrier.
2. Agree on storage, timing, utensils, safe food handling, or help from a trusted person.
3. Try the arrangement on a typical day and revise the logistics.

Notice: Was the agreed arrangement available and usable?

Adapt it

Child: A caregiver and school agree on an accessible food arrangement.

Teen: Choose a discreet reminder or agreed break that feels acceptable.

Adult: Prepare one work or travel option that fits storage and schedule.

Use: Try on a few suitable days, then review within two weeks.

Original coordination tool: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E10

F14 / Prepare a useful care conversation

A few concrete observations can help a clinician or dietitian understand the problem. You can ask for support without completing a full food diary.

Try it

1. Write the main concern, its impact, and what already helps.
2. List relevant medical directions, allergies, medications, food access, and sensory needs.
3. Ask what to try next, what to monitor, and when to follow up.

Notice: Did the conversation produce a clear, manageable next step?

Adapt it

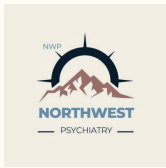
Child: Bring the child's own words or drawing to the visit.

Teen: Agree on what you want to discuss privately and what can be shared.

Adult: Ask for a realistic plan that fits finances, time, culture, and health needs.

Use: Use before a visit, or contact the care team sooner for a new concern.

Care-navigation support: An original practical adaptation; this individual card has not been tested as a treatment for depression. Sources: E07, E09



Guide and useful context / 1

LEARN A LITTLE MORE

What the mood evidence supports

Dietary support is a promising adjunct for some adults with depression. Results come from structured programs, often with professional support, rather than from isolated foods or a workbook. Certainty and long-term evidence remain limited.

- A review of five adult trials found possible symptom benefit, with substantial differences between studies and low-certainty evidence.
- The 67-adult SMILES trial involved seven dietitian visits over 12 weeks alongside existing care.
- The AMMEND trial studied young men ages 18-25; 72 participants completed it.

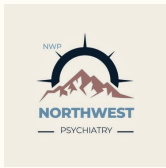
Sources: E01, E02, E03

Treatment, prevention, and age are different questions

A supportive eating pattern does not guarantee improvement or prevent every episode of depression. Youth evidence does not justify treating adult trial results as proof for children.

- MooDFOOD randomized 1,025 adults with subthreshold symptoms; supplements and food-related behavioral activation did not prevent major depression over one year.
- A youth review included 13 studies with varied designs, mostly nonrandomized.
- This workbook's matching suggestions and personal ratings are original planning tools, not validated treatment-selection measures.

Sources: E05, E11



Guide and useful context / 2

LEARN A LITTLE MORE

Think in flexible patterns

Adequacy, variety, and fit matter more than perfection. A range of familiar staples, protein foods, produce, and fats can be arranged in many cultural and personal patterns.

- Use food available to you; frozen, canned, packaged, and ready-to-eat options can be practical.
- Keep accepted foods while considering optional additions.
- No calorie target, weight goal, food ban, or supplement protocol is generated here.

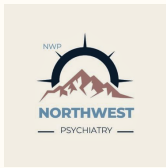
Sources: E04

Make the plan fit the person

Allergies, swallowing needs, diabetes, kidney conditions, feeding difficulties, pregnancy, and existing eating-care plans may change what is appropriate. Get individualized advice when these apply.

- Check ingredients and cross-contact arrangements for food allergies.
- Persistent appetite change, pain, nausea, growth concerns, or unintentional weight change deserve clinical review.
- Ask a prescriber about possible medication effects; keep medication decisions with the treating clinician.

Sources: E07, E09



Guide and useful context / 3

LEARN A LITTLE MORE

Notice patterns without policing food

If tracking feels useful, make one short entry at a consistent time. Note the chosen support, a personal rating, and context. A few observations can be enough.

- Other influences include sleep, illness, stress, medication changes, and school or work demands.
- Leave ratings blank when they are not helpful; blank entries are not zero.
- Stop detailed tracking if it increases shame, compulsive checking, restriction, or distress.

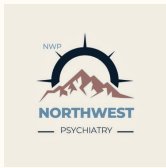
Sources: E07

Review after a manageable trial

Ask whether the support made eating or daily functioning easier, whether it was affordable, and whether the person wants to continue. A better or worse week does not identify a food as the cause.

- Keep the support if it is useful and acceptable.
- Adapt the size, timing, food, setting, or helper if the plan is too demanding.
- Seek clinical or practical help when the barrier persists or the problem is more than this workbook can address.

Original NWP practice exercise.



Evidence and sources / 1

LINKED REFERENCES

Selected primary research and official guidance. Evidence for a treatment package does not validate this original workbook, its questions, or its suggested matches.

E01 / Bizzozero-Peroni B, et al. (2025; online 2024). Mediterranean-diet interventions and depressive symptoms: systematic review and meta-analysis. Nutrition Reviews. DOI: 10.1093/nutrit/nuad176.

Supports: Five adult randomized trials suggested possible benefit for depressive symptoms.

Limits: Low-certainty evidence, high heterogeneity, and study bias; not validation of an individual food or this workbook.

<https://pubmed.ncbi.nlm.nih.gov/38219230/>

E02 / Jacka FN, et al. (2017). A randomised controlled trial of dietary improvement for adults with major depression: SMILES. BMC Medicine. DOI: 10.1186/s12916-017-0791-y.

Supports: A small adult trial supports further study of dietitian-delivered dietary support alongside depression care.

Limits: A structured 12-week program; the trial does not establish the same effect from self-guided worksheets.

<https://pubmed.ncbi.nlm.nih.gov/28137247/>

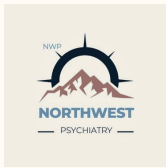
E03 / Bayes J, et al. (2022). A Mediterranean diet in young men with depression: AMMEND randomized trial. American Journal of Clinical Nutrition. DOI: 10.1093/ajcn/nqac106.

Supports: Reported symptom improvement with a supported dietary intervention in young adult men.

Limits: Open-label, short-term, specific population; cannot be generalized to children or every adult.

<https://pubmed.ncbi.nlm.nih.gov/35441666/>

External source links need internet access. The workbook pages and companion HTML exercises are available offline. Evidence reviewed October 30, 2026; revisit guidance when using a future revision.



Evidence and sources / 2

LINKED REFERENCES

Selected primary research and official guidance. Evidence for a treatment package does not validate this original workbook, its questions, or its suggested matches.

E04 / World Health Organization. Healthy diet. Official fact sheet, reviewed October 2026.

Supports: Adequacy, balance, diversity, and adaptation to personal and cultural context.

Limits: General nutrition guidance, not evidence that a single meal pattern treats a psychiatric condition.

<https://www.who.int/news-room/fact-sheets/detail/healthy-diet>

E05 / Bot M, et al. (2019). The MoodFOOD randomized clinical trial. JAMA. DOI: 10.1001/jama.2019.0556.

Supports: Distinguishes depression prevention from treatment and tests specific nutritional strategies.

Limits: Neither tested strategy prevented major depressive episodes in the enrolled adult population; not a test of every possible dietary intervention.

<https://pubmed.ncbi.nlm.nih.gov/30835307/>

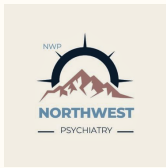
E06 / U.S. Food and Drug Administration. Spilling the Beans: How Much Caffeine is Too Much?

Supports: Individual caffeine sensitivity, possible adverse effects, and advice against energy drinks for children and teens.

Limits: General information; medical conditions, medication, pregnancy, and age may change advice.

<https://www.fda.gov/consumers/consumer-updates/spilling-beans-how-much-caffeine-too-much>

External source links need internet access. The workbook pages and companion HTML exercises are available offline. Evidence reviewed October 30, 2026; revisit guidance when using a future revision.



Evidence and sources / 3

LINKED REFERENCES

Selected primary research and official guidance. Evidence for a treatment package does not validate this original workbook, its questions, or its suggested matches.

E07 / National Institute of Mental Health. Eating Disorders: What You Need to Know.

Supports: Recognition of eating-disorder and ARFID concerns and the role of professional assessment.

Limits: A questionnaire answer does not establish a diagnosis; significant distress needs individualized review.

<https://www.nimh.nih.gov/health/publications/eating-disorders>

E08 / American Academy of Pediatrics / HealthyChildren.org. 10 Tips for Parents of Picky Eaters.

Supports: Low-pressure offering and involvement in food choices.

Limits: Primarily toddler caregiver guidance. Older-age examples here are practical adaptations, not a validated feeding-treatment protocol.

<https://www.healthychildren.org/English/ages-stages/toddler/nutrition/Pages/Picky-Eaters.aspx>

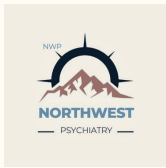
E09 / U.S. Food and Drug Administration. Food Allergies. Updated March 11, 2026.

Supports: Allergen labeling, cross-contact concerns, and responding to allergic reactions.

Limits: This workbook cannot verify ingredient safety or replace an individualized allergy plan.

<https://www.fda.gov/food/food-labeling-nutrition/food-allergies>

External source links need internet access. The workbook pages and companion HTML exercises are available offline. Evidence reviewed October 30, 2026; revisit guidance when using a future revision.



Evidence and sources / 4

LINKED REFERENCES

Selected primary research and official guidance. Evidence for a treatment package does not validate this original workbook, its questions, or its suggested matches.

E10 / U.S. Department of Agriculture, Food and Nutrition Service. SNAP eligibility and application information.

Supports: A starting point for food-assistance eligibility and state application routes.

Limits: Rules and individual eligibility vary; the workbook does not determine benefits.

<https://www.fns.usda.gov/snap/recipient/eligibility>

E11 / Mediterranean Diet and Mental Health in Children and Adolescents: A Systematic Review. Nutrition Reviews (2025). DOI: 10.1093/nutrit/nuae053.

Supports: Describes a limited and mixed youth research base.

Limits: Most included studies were nonrandomized; associations do not establish prevention or treatment effects in a child.

<https://pubmed.ncbi.nlm.nih.gov/38758659/>

External source links need internet access. The workbook pages and companion HTML exercises are available offline. Evidence reviewed October 30, 2026; revisit guidance when using a future revision.