USC University of Southern California

Daily Food Journal

Patient's Name: _____ USC 10-digit #: _____ Date: ____/____/____
mm / dd / yy

Please check the day of the week that applies to this journal: ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑ Saturday ❑ Sunday

TIME	FOOD / BEVERAGE / and QUANTITY
	BREAKFAST
❑ AM ❑ PM	
❑ AM ❑ PM	**Snack**
	LUNCH
❑ AM ❑ PM	
❑ AM ❑ PM	**Snack**
	DINNER
❑ AM ❑ PM	
❑ AM ❑ PM	**Snack**

Hours of Sleep Last Night:	Caffeine Intake: (i.e., soda, coffee, etc.)	Water Intake: (i.e., bottle, glass, etc.)

Exercise Activity (types of physical activity performed during the day)	Duration (i.e., ran for 30 minutes)

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