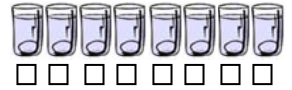




Bariatric Surgery Food Journal

Date ___/___/___

Weight today: _____



Get in your fluids! Aim for **64 ounces/day**
(No calories, No carbonation)

Check off 8 oz. servings of fluid with tick boxes

Time Time you woke up: _____ (eat mini meal every 3-4 hours)	Meal = what you ate! (Aim for 4-6 small mini-meals each day, limit liquid calories and try to avoid grazing!) <i>Your</i> meal plan allows for: 6 meat/meat alternatives, 2 milk/dairy, 2 veggies, 2 fruits, 2 starches, and up to 3 added fats	What you are tracking (grams of protein, calories, food groups feelings, emotions)
Eat within 2 hours of waking: _____		

Set goals and review them each day!

Did you:

Get in 60 grams of protein?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drink 64 oz of fluid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Not drink with meals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stop eating when satisfied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Make good conscious food choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Take all your vitamins?	<input type="checkbox"/> Yes <input type="checkbox"/> No
EXERCISE? Go faster, longer & more often by increasing speed, distance, & days each week! Type of exercise: _____ How many minutes: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Food Groups:

Check off when you eat something from the food group	Multi-vitamin <input type="checkbox"/>
Meat/Meat Substitute (6) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B12 <input type="checkbox"/>
Milk (2) <input type="checkbox"/> <input type="checkbox"/>	Calcium Citrate <input type="checkbox"/> <input type="checkbox"/>
Vegetables (2) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Fruits (2) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Starches (2) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Added fats (up to 3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Reflect on your day and PLAN for Tomorrow!

What was the biggest challenge today? _____
 How do you plan to overcome it? _____

