❖**BayChoice Surgeons** **Bariatric & Laparoscopic Surgery**

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**Patient Name**: _____

# FOOD DIARY LOGS

Please complete the food diary for 1 week. It is crucial that the diary is completed immediately after each meal as this will guarantee the most accurate recording of your dietary intake. Therefore, never record your days intake by memory. Please refer to the example within the table as this will indicate the level of detail required. Measuring your food with metric cup and spoons would be ideal.

| Time | Food/Drink Consumed | Portion Size | Exercise | How long did it take to eat the main meal? | How was the food eaten? Sitting,Walking, Driving, etc. | Current Weight | Any pain before the band while eating? Yes/No | Did you drink and eat together? Yes/No | What was your emotional state like? |
|---|---|---|---|---|---|---|---|---|---|
| 9am | Isopure (20oz bottle) Protein Shake | 40g of Protein | Walk | 20 minutes | At bench | 200lb | No | Yes | fatigued |
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