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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