

Ellner Bariatric BAND

Name: _____ Date: _____

What is your main concern? _____

How many times do you eat solid food daily? One Two Three Other _____

What do you eat and when? _____

Is at least 50% of your meal lean protein? Yes No If no; why? _____

What is your "Low Blood Sugar" feeling? _____

Do you ALWAYS wait for your low blood sugar feeling before you eat solid food? Yes No

If "No", how often do you eat without feeling low blood sugar?

Never Occasionally, several times a week Frequently, at least everyday

What time of day does this usually occur? _____

What are your usual snack foods? _____

How many grams of protein do you get JUST IN YOUR DRINKS per day? _____

Do you experience vomiting? Yes No Acid or food regurgitation day or night? Yes No

How much water do you drink in a 24 hour period?

64 ounces (8 cups) or more 4-7 cups, at least 24 ounces (3 cups) or less

What do you drink other than water? _____ How much? _____

Are you taking your multivitamins and B Complex daily? Yes No

Names _____

Exercise per week:

Cardio: Less than once intermittently 2-3 times 3-5 times 4-6 times daily

Duration: 30 minutes 30-60 minutes more than 60 minutes

What activity do you do for cardio? _____

What is your goal heart rate? _____ Actual heart rate during cardio _____

Weight Lifting: Less than once intermittently 2-3 times 3-5 times 4-6 times daily

What kind of weight lifting do you do? _____

Current medications: _____	Frequency _____	Dosage _____
_____	Frequency _____	Dosage _____
_____	Frequency _____	Dosage _____

How often do you attend support group? _____

Are you happy that you had the surgery? Yes No