FOOD & EXERCISE LOGS

LifeWeigh Bariatrics
Healthy Living Through Teamwork

Name:_____Date: _____

DIETARY LOG:

Time	Food Item(s)	Portion Size	Length of Meal (Goal 25-30 mins)

Were you able to avoid drinking with meals? Y N

Were you practicing sipping/eating slowly? Y N

How many meals/snacks were consumed? _____(6)

How many protein sources consumed? _____(6)

Water: 8oz 8oz 8oz 8oz 8oz 8oz

Multi w/Iron ____ (Breakfast)
B-Complex ____ (Breakfast)
Ca+Citrate w/Vit D ____ (Lunch)
Ca+Citrate w/Vit D ____ (Dinner)

EXERCISE LOG:

Aerobic Activity	Duration (Goal: 30 – 45 mins)	Heart Rate (bpm)	Joint Pain, Inhaler use, Blood Pressure Readings (If required)	Daily Blood Sugar Levels (Diabetics only)
	Warm up: **Aerobic:** **Cooldown:**			

LifeWeigh Bariatrics
866-922-4LWB (4592)
www.lifeweigh.com

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