

Name: _____

Date: _____

Food Log: University of Chicago Center for the Surgical Treatment of Obesity

Time of Snack/M meal	Food Item	Amt Cups/Ounces	Amt Protein (grams)	Amt Time (minutes)	Nausea/Vomiting/Chills
Breakfast ____ am/pm	____ ____ ____ ____	____ ____ ____ ____	____ ____ ____ ____	__less/15 __15 __30 __45 __more/45	
Snack ____ am/pm	____ ____ ____ ____	____ ____ ____ ____	____ ____ ____ ____	__less/15 __15 __30 __45 __more/45	
Lunch ____ am/pm	____ ____ ____ ____	____ ____ ____ ____	____ ____ ____ ____	__less/15 __15 __30 __45 __more/45	
Snack ____ am/pm	____ ____ ____ ____	____ ____ ____ ____	____ ____ ____ ____	__less/15 __15 __30 __45 __more/45	
Dinner ____ am/pm	____ ____ ____ ____	____ ____ ____ ____	____ ____ ____ ____	__less/15 __15 __30 __45 __more/45	
Snack ____ am/pm	____ ____ ____ ____	____ ____ ____ ____	____ ____ ____ ____	__less/15 __15 __30 __45 __more/45	
			Total Protein		