| MONTH | YEAR | | |
|-------|------|---------------|--|
| NAME | | DATE OF BIRTH | |

BARIATRIC SUPPORT GROUP MEETING SCHEDULE

THIRD THURSDAY OF EACH MONTH, 6:00PM PIEDMONT WALTON MEDICAL CENTER (COME IN MAIN HOSPITAL ENTRANCE)

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | | | | | | |
| DAILY WT |
| EXERCISE |
| NUTRI PTS |
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| DAILY WT |
| EXERCISE |
| NUTRI PTS |
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| FOOD JOURNAL FOI | | DATE OF BIRTH | |
|-----------------------------|---------------------|---------------------|---------------------|
| Month, Day, Year BREAKFAST | LUNCH | DINNER | SNACK#1 |
| | | | |
| Time: | Time: | Time: | Time: |
| Location: | Location: | Location: | Location: |
| I'm with: | I'm with: | I'm with: | I'm with: |
| | | | I ate: |
| I ate: | I ate: | I ate: | |
| | | | I drank: |
| | | | I'm feeling: |
| | | | |
| I drank: | I drank: | I drank: | I'm thinking about: |
| | | | |
| | | | SNACK#2 |
| | | | Time: |
| I'm feeling: | I'm feeling: | I'm feeling: | Location: |
| | | | I'm with: |
| | | | I ate: |
| | | | |
| I'm thinking about: | I'm thinking about: | I'm thinking about: | I drank: |
| | | | I'm feeling: |
| | | | |
| | | | I'm thinking about: |

| Month, Day, Year | | | |
|---------------------|---------------------|---------------------|---------------------|
| BREAKFAST | LUNCH | DINNER | SNACK #1 |
| Time: | Time: | Time: | Time: |
| Location: | Location: | Location: | Location: |
| I'm with: | I'm with: | I'm with: | I'm with: |
| | | | I ate: |
| I ate: | I ate: | I ate: | |
| | | | I drank: |
| | | | I'm feeling: |
| | | | |
| I drank: | I drank: | I drank: | I'm thinking about: |
| | | | |
| | | | SNACK#2 |
| | | | Time: |
| I'm feeling: | I'm feeling: | I'm feeling: | Location: |
| | | | I'm with: |
| | | | I ate: |
| | | | |
| I'm thinking about: | I'm thinking about: | I'm thinking about: | I drank: |
| | | | I'm feeling: |
| | | | |
| | | | I'm thinking about: |
| | | | - |



| EXERCISE | IUIDNIVI | EOD |
|----------|----------|-----|
| EVERPISE | JUURNAL | CUR |

_ DATE OF BIRTH______WEEK OF _____

| DATE |
|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Time: |
| Location: |
| Type of Workout: |
| Duration/Intensity: |
| | | | | | | |
| | | | | | | |
| How I felt before: |
| How I felt after: |
| Workout Notes: |
| | | | | | | |