

Count Calories

800 to 1000 kcal per day; keep a food diary

*What kind of calories?*

*Your body processes 1000 calories of junk food differently from 1000 calories of healthy food*

Do you exercise?

*Minimum of just 15 minutes per day for 6 days per week of moderate exercise, any cardio activity that will raise your heart rate. More than walking, unless you have physical limitation.*

*Try also for 3 days per week of standard recommendations of additional exercises, such as weight training, longer workout times, etc*

how long does it take you to eat a meal?

*Should be slow, at least 20 minutes*

How large are meals? Portions?

Can it fit in palm of your hand?

If you eat that amount, do you still feel hunger 20 minutes after the meal?

Do you drink alcohol? Juices? Soda?

*Be careful with artificial sweeteners, they affect insulin metabolism in a way that may be harder for you to lose fat*

# Green Zone Patient Questionnaire

Name: \_\_\_\_\_

Today's date: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

**Please answer the following questions in preparation for today's appointment.\*  
Since Your Last Visit:**

Food eaten in last 24 hours? \_\_\_\_\_ What time do you get up? \_\_\_\_\_

Time of first meal? \_\_\_\_\_ Solid  Liquid  Time of last meal? \_\_\_\_\_ Solid  Liquid

Do you drink liquids with meals? Yes  No  How often do you exercise? \_\_\_\_\_

## What types of foods are you eating the most?

- |                                |   |                                     |   |  |
|--------------------------------|---|-------------------------------------|---|--|
| <input type="checkbox"/> Bread | <input type="checkbox"/> Beef/Pork          | <input type="checkbox"/> Chicken    | <input type="checkbox"/> Butter/Margarine | <input type="checkbox"/> Candy               |
| <input type="checkbox"/> Pasta | <input type="checkbox"/> Cheese             | <input type="checkbox"/> Eggs       | <input type="checkbox"/> Milk             | <input type="checkbox"/> Chips/Dips          |
| <input type="checkbox"/> Rice  | <input type="checkbox"/> Fibrous Vegetables | <input type="checkbox"/> Fish       | <input type="checkbox"/> Salad Dressing   | <input type="checkbox"/> Ice Cream/Smoothies |
|                                | <input type="checkbox"/> Nuts               | <input type="checkbox"/> Fruit      | <input type="checkbox"/> Yogurt           | <input type="checkbox"/> Pastries/Biscuits   |
|                                | <input type="checkbox"/> Peanut Butter      | <input type="checkbox"/> Soup       |   | <input type="checkbox"/> Pies/Cakes          |
|                                | <input type="checkbox"/> Shrimp             | <input type="checkbox"/> Vegetables |   | <input type="checkbox"/> Soft Drinks         |
|                                |   |                                     |   | <input type="checkbox"/> Syrups/Jams/Honey   |

## What are your eating patterns?

How would you describe the size of most meals you're eating?	<input type="checkbox"/> Large (full plate)	<input type="checkbox"/> Small to Medium (half plate)	<input type="checkbox"/> Small to Medium (half plate of soft food)
In general, how long do you need to eat a meal?	<input type="checkbox"/> Can finish in 10 minutes	<input type="checkbox"/> Can finish in 15 to 30 minutes (fairly quickly when chewing properly)	<input type="checkbox"/> Can finish in 1 hour (food seems to sit there)
When do you stop eating?	<input type="checkbox"/> When my plate is empty, but I could do with more	<input type="checkbox"/> When I feel satisfied	<input type="checkbox"/> When the band stops me (feel uncomfortable or regurgitate)
How is your appetite?	<input type="checkbox"/> Always hungry	<input type="checkbox"/> Great. Small meals satisfy and it lasts	<input type="checkbox"/> Never sure. It varies
How many times a day are you eating?	<input type="checkbox"/> Always. Meals do not hit the spot	<input type="checkbox"/> 2 to 3 times a day (before meals)	<input type="checkbox"/> It's unpredictable (but very hungry at times)
How easy is it for you to swallow food?	<input type="checkbox"/> Very easy	<input type="checkbox"/> OK. If I take my time and chew properly	<input type="checkbox"/> Unpredictable and difficult
How often do you vomit or regurgitate?	<input type="checkbox"/> Rarely or never (only if I swallow a large lump)	<input type="checkbox"/> Rarely or never (only when I eat quickly or chew poorly)	<input type="checkbox"/> More than twice a week (unpredictable, even with soft food)
Do you have night coughs or wheezing?	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Often

**TOTAL**