
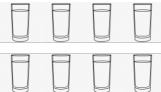



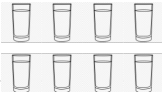





|   |   |   |  |   |   |   |   |
|---|---|---|--|---|---|---|---|
| <p>Fruits and Vegetables servings<br/>(add up from above):<br/><b>*Goal: 5-9 servings / day</b></p>                               |   |   |  |   |   |   |   |
| <p>Daily Protein intake<br/>(add up from above):<br/><b>*Goal: 50-70 grams / day</b></p>  |   |   |  |   |   |   |   |
| <p>Water Intake<br/><b>*Minimum: 8 servings of 8 oz / day</b></p>   |  |  |  |  |  |  |  |
| <p>Daily diet goals/notes/improvements to make:<br/>(include a daily calorie goal)<br/><b>Check off goal when achieved</b></p>    | <p>Example:<br/>-No soda<br/>-No fast food<br/>-Decrease portion sizes</p>        |   |  |   |   |   |   |
| <p>Exercise (activity / intensity / minutes)<br/><br/><b>*Goal: Minimum of 30mins/d, 5x/wk of moderate-intensity exercise</b></p> |   |   |  |   |   |   |   |
| <p>Mood, Feelings, Thoughts today:</p>  |   |   |  |   |   |   |   |
| <p><small>*Unless otherwise indicated by your surgeon or other medical providers</small></p>                                      |   |   |  |   |   |   |   |