



# BAND ASSESSMENT

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Please provide the following information in preparation for today's appointment.

**How often have you vomited or regurgitated your food in the last 2 weeks?**

- Daily
- 2-3 times per week
- Once per week
- Once in the last 2 weeks
- None

**How long does it take to eat a meal?**

- Less than 15 minutes
- 15-30 minutes
- 31 minutes-1 hour
- Greater than 1 hour

**How much are you eating per meal?**

\_\_\_\_\_Cups

**How long until you feel hungry again?**

\_\_\_\_\_

**Describe your typical meal:**

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Snack \_\_\_\_\_

Dinner \_\_\_\_\_

**What Do You think Needs to be done Today?**

- I need fluid removed
- My band is perfect the way it is
- I need fluid added to my band
- I don't know

**Office Use:**

\_\_\_\_\_ / \_\_\_\_\_ = Weekly Weight Loss  
▲ Weight / # Weeks = Weekly Weight Loss