

Weight Regain Checklist

Name: _____

Date: _____

Have you had? ☐ Gastric Band ☐ Gastric Bypass ☐ Gastric Sleeve Date: _____

Eating Habits

- ☐ Yes ☐ No Are you still engaged with your dietitian?
- ☐ Yes ☐ No Are you controlling your portion sizes? *Tip: Use measuring cups, small plates, and scales to check your portions.*
- ☐ Yes ☐ No Are you eating beyond the point of feeling satisfied? *Focus on how little you need to feel satisfied, not how much you can fit.*
- ☐ Yes ☐ No Are you eating too quickly? *Eating slowly helps you notice subtle fullness cues. A small meal should take at least 10 minutes.*
- ☐ Yes ☐ No Are you spending too long over meals? *Avoid grazing for more than 20 minutes. Extended eating can lead to larger portions.*
- ☐ Yes ☐ No Are you drinking with meals? *If you've had a sleeve or bypass, keep fluids 30 minutes away from meals to avoid washing food into the intestine.*
- ☐ Yes ☐ No Are you consuming adequate protein? *Aim for at least 60g of protein daily. Use apps like Easy Diet Diary or MyFitnessPal to track intake.*
- ☐ Yes ☐ No Are you relying on soft, wet dishes (e.g., casseroles, stews) or liquid meals? *These pass through the intestine quickly and may be less satisfying.*
- ☐ Yes ☐ No Are you including excess indulgences? *Limit treats like chips, chocolate, and lollies — they're calorie-dense and easy to overconsume.*
- ☐ Yes ☐ No Are you drinking at least 1.5L of low-energy fluids daily?
- ☐ Yes ☐ No Are you drinking your calories (e.g., juice, sugary drinks, alcohol)? *High-energy fluids are quick to consume and don't promote satiety.*
- ☐ Yes ☐ No Are you grazing throughout the day? *Avoid unstructured eating. Plate all food and sit down to eat.*

Mental & Emotional Health

- ☐ Yes ☐ No Do you experience mental health concerns? Do you have professional support? *If not, ask your GP for a referral or visit psychology.org.au and search under "Weight Management."*
- ☐ Yes ☐ No Are you eating to manage emotional challenges? *If the problem isn't hunger, food isn't the solution. Seek non-food comforts.*
- ☐ Yes ☐ No Are you actively participating in a weight loss surgery support group or network? *Visit the Support page at nfwls.com for resources.*
- ☐ Yes ☐ No Are you seeking support from friends and family?

Physical Activity

- ☐ Yes ☐ No Are you including regular physical activity? *Aim for 3–4 sessions per week, at least 30 minutes each.*
- ☐ Yes ☐ No Are you including moderate to high-intensity activity?
- ☐ Yes ☐ No Do you need help creating an activity plan? *Consult an Accredited Exercise Physiologist (AEP) via ESSA for tailored guidance.*

Weekly Food & Exercise Diary

Tips for Completing Your Diary:

- Be honest and record entries **as you go**, not at the end of the day
- Include **portion sizes, alcohol, coffees, extra drinks, and snacks**
- Note **where you were, who you were with, and how you felt** (e.g., tired, emotional)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Morning Tea							
Lunch							
Afternoon Tea							
Dinner							
Before Bed							
Overnight							
Exercise /Steps							