

SALEM HOSPITAL BARIATRIC SURGERY CENTER

875 Oak Street SE
P. O. Box 14001
Salem, Or 97309-5014

Phone: 503-561-5286
Fax: 503-561-4866

COTTAGE CHEESE TEST

The same week you have your labs done (about a week before your next appointment), do this “test” to see how much your stomach will hold.

1. Have lowfat cottage cheese, one ounce medicine cups and your “Cottage Cheese Test Results” form on hand.
2. Start with an empty stomach (just before a regularly scheduled meal is a good time): no food 2-3 hours before this test and no liquid 30 minutes before the test.
3. Fill a small cup or container (a straight sided dry measuring cup works) to the brim with the cottage cheese.
4. Starting from the side of the container, eat until comfortably satisfied, taking no more than five minutes to eat.
5. Stop eating when comfortable but not “stuffed.” If you feel nauseous, stop eating and try another day.
6. Slowly fill the container back up to the brim with water i.e. fill with water the space made with what you’ve just eaten.
7. Pour the water out of the container into one ounce medicine cups; use as many medicine cups as you need, even if the last one is barely filled. Record on your “Cottage Cheese Test Results” the total amount to the nearest $\frac{1}{4}$ ounce. (The cottage cheese left in the container can be covered and refrigerated to eat another time. Don’t return what’s in the container to the cottage cheese carton from the supermarket)
8. Twenty minutes after eating the cottage cheese identify your sense of fullness: not satisfied, full, comfortable, stuffed, painful, etc. and record on the worksheet (*also available at our website:* <http://www.salemhospital.org/site/bariatric/candidate/life/nutrition.html>).
9. Complete this test three times on different days. Record the results each time. Mail or, using a cover sheet, fax the completed worksheet one week before your appointment.

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Cottage Cheese Test Results

Complete this “test” the same week you have your labs done, about one week before your next appointment.

Name _____

Test # 1: Date _____ Time of Day _____

Amount of water poured off (to nearest ¼ oz): _____

Sense of fullness (20 min after eating): _____

Test #2 : Date _____ Time of Day _____

Amount of water poured off (to nearest ¼ oz): _____

Sense of fullness (20 min after eating): _____

Test #3: Date _____ Time of Day _____

Amount of water poured off (to nearest ¼ oz): _____

Sense of fullness (20 min after eating): _____

Additional copies of this form available at:
<http://www.salemhospital.org/site/bariatric/candidate/life/nutrition.html>

