

Cottage Cheese Test

The same week you do your lab tests (about a week before your next appointment), do this “test” to see how much food your stomach can 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.
3. Fill a small cup (a straight sided dry measuring cup works) to the brim with the cottage cheese. Set a timer for five minutes.
4. Starting from the side of the cup, eat until comfortably satisfied, taking no more than five minutes to eat.
5. Stop eating when comfortable but not “stuffed” or when the timer goes off, whichever is first. If you feel nauseated, stop eating and try another day.
6. Pour water into several one ounce cups, up to the fill line, marked “fl. oz. 1” just below the rim. Pour water from as many cups as you need into your cottage cheese cup to take the place of what you’ve just eaten. Use as many medicine cups as you need, even if the last one is barely emptied.
7. Record on “Cottage Cheese Test Results” to the nearest $\frac{1}{4}$ ounce the total amount of water poured off. (The cottage cheese left in the supermarket container can be covered and refrigerated to eat another time. Don’t return what’s remaining in your cup 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.salemhealth.org/bariatric>*. Click on “Getting Started” on the left. Then click on “Questionnaires and Forms.”
9. Complete this test three times on different days and different times of day. Record the results each time. Bring your completed “Cottage Cheese Test Results” with you to your appointment.

Cottage Cheese Test Results

Complete this “test” the same week you do your labs tests, 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.salemhealth.org/bariatric>. Click on “Getting Started” on the left then “Questionnaires and Forms.”