PRACTICAL PATIENT TOOLKIT

PORTION CONTROL MADE PRACTICAL

Six evidence-informed tools for building satisfying portions — without turning every meal into a math problem.

THE BATASH METHOD

Portion control is not about eating as little as possible. It is about **matching the amount and pattern of food to your health needs, hunger and fullness signals, treatment plan, and tolerance.**

The six tools

1. **The 9-inch plate planner**
2. **The hand-estimate guide**
3. **The package-label reality check**
4. **The portion-before-eating routine**
5. **The restaurant and buffet plan**
6. **The post-procedure safety check**

IMPORTANT FOR BATASH PROCEDURE PATIENTS

After an endoscopic weight-loss procedure or balloon placement, your **staged diet, texture progression, hydration plan, and individualized portion instructions come first.** Do not use the general plate or hand guide until your care team clears you for regular foods.

Use one tool at a time. The best tool is the one you can repeat consistently and review with your care team.

Tool 1. Build a balanced plate

For adults eating regular foods, the CDC plate method begins with a 9-inch plate. It is a **visual planning tool, not a rigid prescription.**

½ PLATE

Nonstarchy vegetables

Examples: salad greens, broccoli, peppers, green beans, cauliflower.

¼ PLATE

Protein foods

Examples: fish, poultry, eggs, tofu, beans, or another clinician-approved option.

¼ PLATE

Carbohydrate foods

Examples: whole grains, fruit, yogurt, beans, or starchy vegetables.

WITH THE MEAL

Water or a low-calorie drink

Unless your care plan says otherwise.

PERSONALIZE IT

Diabetes, kidney disease, gastrointestinal symptoms, food allergies, pregnancy, medications, cultural eating patterns, athletic training, and post-procedure needs can change the right pattern for you.

My regular-food plate plan

Vegetables I enjoy: _____

Protein options: _____

Carbohydrate foods: _____

Flavor or fat additions: _____

Drink: _____

Use the plate as a pause point

- Plate one planned amount before sitting down.
- Keep serving dishes off the table when practical.
- Eat from a plate or bowl rather than a package.
- Pause before adding more: check hunger, comfort, satisfaction, and your treatment instructions.

Tool 2. Estimate portions with your hand

The hand method is portable and approximate. Hand sizes differ, so use it for quick estimates when measuring is impractical — **not as a medical prescription.**

VISUAL ESTIMATE	COMMON REFERENCE	USE IT FOR
Palm, no fingers	About 3 ounces	Cooked meat, fish or poultry
Fist	About 1 cup	A medium fruit or cup-sized food
Cupped hand	About 1–2 ounces	Nuts, pretzels or similar foods
Thumb, tip to base	About 1 ounce	Cheese or meat
Thumb tip	About 1 tablespoon	Spreads or dressings
Fingertip	About 1 teaspoon	Oil, butter or condiments

ACCURACY NOTE

These estimates come from CDC educational guidance. They are not exact and are especially unsuitable during a post-procedure staged diet unless your team specifically approves them.

Tool 3. Decode the package before eating

A **serving** is the amount used on the Nutrition Facts label. A **portion** is the amount you choose to eat. The FDA states that label serving size reflects what people typically consume; it is not a recommendation.

CHECK	WRITE IT HERE	WHY IT MATTERS
Serving size	_____	Label numbers usually refer to this amount.
Servings per container	_____	A package may contain more than one serving.
My planned portion	_____	Compare it with the serving size.
Multiplier	_____	Planned portion ÷ serving size.
Calories / nutrients for my portion	_____	Multiply label values by the multiplier.

QUICK EXAMPLE

If the label lists 1 cup as one serving and your portion is 2 cups, you are eating two servings. Multiply the listed calories and nutrients by two.

Tool 4. Portion before eating

Large containers and restaurant portions can make it easier to eat more than intended. **Create a decision before the first bite.**

1	**Choose**	Decide what amount fits the meal and your care plan.
2	**Plate**	Move that amount to a plate or bowl. Put the package away.
3	**Settle**	Sit down and remove avoidable distractions.
4	**Pace**	Eat slowly enough to notice taste, comfort and emerging fullness.
5	**Pause**	Before more food, wait briefly and reassess hunger, satisfaction and physical comfort.
6	**Adjust**	If still hungry and comfortable, choose a deliberate addition rather than treating the first portion as a test of willpower.

A simple hunger and comfort check

0–2	3–4	5–6	7–8	9–10
Very hungry	Hungry	Neutral to satisfied	Comfortably full	Overfull or uncomfortable

DO NOT FORCE A NUMBER

Hunger and fullness scales are awareness tools. Certain medications, procedures, gastrointestinal conditions, stress, and eating disorders may make signals difficult to interpret. **Your care plan takes priority.**

My portion-before-eating experiment

Meal or snack: _____

What I will portion first: _____

How I will store the remainder: _____

What I will notice before deciding on more: _____

Tool 5. Make restaurant portions predictable

Before ordering. Review the menu when you are not rushed. Choose the main structure of the meal before extras arrive.

At the start. Ask for a take-home container and set aside part of a large entrée before eating, or share an entrée when appropriate.

During the meal. Eat slowly, check comfort, and stop when the meal no longer feels physically comfortable or useful.

Afterward. Store leftovers promptly and treat them as another meal — not unfinished business.

Buffet and social-event plan

- Look at all choices before filling the plate.
- Choose one plate pattern instead of repeated grazing.
- Sit away from serving areas when practical.
- Focus on conversation and the event, not only the food.
- If alcohol is included, follow medical guidance and decide the amount in advance.

My plan

Restaurant or event: _____

My main plate plan: _____

What I will do with an oversized portion: _____

My pause cue: _____

> **FOOD INSECURITY AND BUDGET**
>
> Portion guidance should never be used to blame people for limited food access. Frozen, canned and lower-cost foods can fit a nutritious plan. Ask the care team about resources and practical substitutions.

Tool 6. Post-procedure safety comes first

FOLLOW YOUR BATASH INSTRUCTIONS

After ESG, gastric balloon placement, revision, or another endoscopic procedure, use the **exact diet stage, texture, timing, hydration and portion plan provided by your team.** Generic internet portion charts may be unsafe or nutritionally inadequate during recovery.

Before using a general portion tool, confirm:

- I have been cleared for the current food texture.
- I know my current meal and fluid instructions.
- I know whether and when liquids should be separated from meals.
- I know which symptoms require me to stop eating and contact the team.
- I am meeting protein, hydration and supplement instructions.
- I am not using fullness discomfort as a target.

Stop and contact your care team for concerning symptoms

Persistent vomiting, inability to keep fluids down, severe or worsening abdominal or chest pain, fever, fainting, signs of dehydration, gastrointestinal bleeding, or any symptom your discharge instructions identify as urgent.

Seven-day portion experiment

DAY	TOOL USED	WHAT WORKED?	WHAT I WILL ADJUST
1			
2			
3			
4			
5			
6			
7			

Sources and evidence notes

NIDDK: Food Portions: Choosing Just Enough for You. https://www.niddk.nih.gov/health-information/weight-management/just-enough-food-portions

CDC: Diabetes Meal Planning: plate method, hand estimates and restaurant strategies. https://www.cdc.gov/diabetes/healthy-eating/diabetes-meal-planning.html

FDA: Serving Size on the Nutrition Facts Label. https://www.fda.gov/food/nutrition-facts-label/serving-size-nutrition-facts-label

USDA MyPlate: Food-group guidance and personalized planning. https://www.myplate.gov/

Mayo Clinic: Endoscopic sleeve gastroplasty: recovery and staged diet overview. https://www.mayoclinic.org/tests-procedures/endoscopic-sleeve-gastroplasty/about/pac-20393958

Medical disclaimer: This toolkit is for education and planning. It does not replace individualized medical nutrition therapy, post-procedure instructions, or evaluation by a physician or registered dietitian.