

## **REGIONAL BARIATRIC ASSESSMENT & TREATMENT CENTRE**

## FOOD RECORD: After Surgery



Date:

Mon Tue Wed Thu Fri Sat Sun Circle One

Be sure to record:

• The time the meal or snack was eaten, how much, and what was actually eaten or drank.

Total the protein content of protein-rich foods to see if you are close to 60 – 80 grams each day.

			Protein	Response: How did you			
Time	How Much?	Food or Drink?	(grams)	handle this item?			
Breakfast:							
Snack:							
<u> </u>							
Lunch:							
Snack:							
Shack.							
Dinner:							
Snack:							

My Progress:	Fluids: Drink 1.5 – 2 Check off each 25		every day							
	Walk: 30 minutes every day Check off each 5 minute walk									
	Overall, I did:	□ Great	🗆 ок		l ne	ed to	o try	hard	ler	



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			Response:				
Time	How Much?	Food or Drink?	Protein	How did you handle this item?			
Breakfast:	How Much?	Food or Drink?	(grams)	nancie unis item?			
Dreaklast.							
Snack:							
Lunch:							
Snack:							
Dinner:							
Snack:							

My Progress:	Fluids: Drink 1.5 – 2 Check off each 25	2 litres (6 – 8 cups) ev 60 mL (1 cup)	ery day							
	Walk: 30 minutes every day Check off each 5 minute walk									
	Overall, I did:	□ Great	🗆 ок	I need to try harde			ler			