

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.

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

My Progress:	Fluids: Drink 1.5 – 2 litres (6 – 8 cups) every day Check off each 250 mL (1 cup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Walk: 30 minutes every day Check off each 5 minute walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Overall, I did:	<input type="checkbox"/> Great	<input type="checkbox"/> OK	<input type="checkbox"/> I need to try harder					

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