



**Bariatric Surgery Program**

Nutrition Assessment – Food Records

Fax: 416-603-5142

	Name of food	What is in it	How much?
<b>Breakfast</b> Time:			
<b>Morning snack</b> Time:			
<b>Lunch</b> Time:			
<b>Afternoon snack</b> Time:			
<b>Dinner</b> Time:			
<b>Evening snack</b> Time:			
<b>Did I take all my supplements?</b>	<input type="checkbox"/> Multivitamin-mineral <input type="checkbox"/> Calcium with vitamin D <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Other: _____		
<b>How did I feel today?</b>			



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