

Patient information

Food and Enzyme Diary

Dietetics Department -Therapies

Date				
Name				
Address				
Telephone Number				
Date of Birth				
Enzymes prescribed (please tick)	Creon 10,000	Creon 25,000	Nutrizym 22,000	Pancrex V Powder

Please return completed booklet to:

Upper GI Dietetic Team
Upper GI Office
Office 5
Floor 9A
Royal Liverpool Hospital
Mount Vernon Street
L7 8YE
Tel. 0151 706 4704

Or email scanned / photograph copies to:
Email: uppergidietitians@liverpoolft.nhs.uk

Write down **everything** you eat and drink (including snacks) and how many enzymes you took.

This will help us learn more about how much food and how many enzymes you need.

It would help if you could be as accurate as possible by following the instructions below:

1. State type of food (e.g. wholemeal bread, white rice)
2. State method of cooking (e.g. boiled, grilled, fried)
3. Please state the **quantity** of food eaten, use household measures, for example:

Wholemeal bread - One slice

Cornflakes - Four tablespoons

Please also state weight of packets/tins bought use ounces or grammes

4. Please state brand of food where possible e.g.

McVities rich tea biscuits

Heinz cream of mushroom soup

5. If two items are eaten together state individual amounts e.g.

Apple and custard

- Stewed apple - Two tablespoons

- Custard - Four tablespoons

6. Remember to record all snacks and drinks
7. Remember to record all supplements taken
8. Please record for seven days

Day One:

Meal or Snack	Food and Drink	How many enzymes taken
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Tick ☐ the boxes if you have signs of these:

- | | |
|--|-------------------|
| <input type="checkbox"/> Frequent stools – Circle the number | 1 2 3 4 5 or more |
| <input type="checkbox"/> Loose broken up stools | |
| <input type="checkbox"/> Smelly stools | |
| <input type="checkbox"/> Greasy oily floating stools | |
| <input type="checkbox"/> Difficult to flush | |
| <input type="checkbox"/> Lots of wind | |
| <input type="checkbox"/> Big/bloated stomach | |
| <input type="checkbox"/> Stomach pains | |
| <input type="checkbox"/> Pale/yellow stools | |

Day Two:

Meal or Snack	Food and Drink	How many enzymes taken
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Tick $\sqrt{\quad}$ the boxes if you have signs of these:

- | | |
|--|-------------------|
| <input type="checkbox"/> Frequent stools – Circle the number | 1 2 3 4 5 or more |
| <input type="checkbox"/> Loose broken up stools | |
| <input type="checkbox"/> Smelly stools | |
| <input type="checkbox"/> Greasy oily floating stools | |
| <input type="checkbox"/> Difficult to flush | |
| <input type="checkbox"/> Lots of wind | |
| <input type="checkbox"/> Big/bloated stomach | |
| <input type="checkbox"/> Stomach pains | |
| <input type="checkbox"/> Pale/yellow stools | |

Day Three:

Meal or Snack	Food and Drink	How many enzymes taken
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Tick $\sqrt{\quad}$ the boxes if you have signs of these:

- | | |
|--|-------------------|
| <input type="checkbox"/> Frequent stools – Circle the number | 1 2 3 4 5 or more |
| <input type="checkbox"/> Loose broken up stools | |
| <input type="checkbox"/> Smelly stools | |
| <input type="checkbox"/> Greasy oily floating stools | |
| <input type="checkbox"/> Difficult to flush | |
| <input type="checkbox"/> Lots of wind | |
| <input type="checkbox"/> Big/bloated stomach | |
| <input type="checkbox"/> Stomach pains | |
| <input type="checkbox"/> Pale/yellow stools | |

Day Four:

Meal or Snack	Food and Drink	How many enzymes taken
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Tick \checkmark the boxes if you have signs of these:

- | | |
|--|-------------------|
| <input type="checkbox"/> Frequent stools – Circle the number | 1 2 3 4 5 or more |
| <input type="checkbox"/> Loose broken up stools | |
| <input type="checkbox"/> Smelly stools | |
| <input type="checkbox"/> Greasy oily floating stools | |
| <input type="checkbox"/> Difficult to flush | |
| <input type="checkbox"/> Lots of wind | |
| <input type="checkbox"/> Big/bloated stomach | |
| <input type="checkbox"/> Stomach pains | |
| <input type="checkbox"/> Pale/yellow stools | |

Day Five:

Meal or Snack	Food and Drink	How many enzymes taken
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Tick $\sqrt{}$ the boxes if you have signs of these:

- ☐ Frequent stools – Circle the number 1 2 3 4 5 or more
- ☐ Loose broken up stools
- ☐ Smelly stools
- ☐ Greasy oily floating stools
- ☐ Difficult to flush
- ☐ Lots of wind
- ☐ Big/bloated stomach
- ☐ Stomach pains
- ☐ Pale/yellow stools

Day Six:

Meal or Snack	Food and Drink	How many enzymes taken
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Tick ✓ the boxes if you have signs of these:

- | | |
|--|-------------------|
| <input type="checkbox"/> Frequent stools – Circle the number | 1 2 3 4 5 or more |
| <input type="checkbox"/> Loose broken up stools | |
| <input type="checkbox"/> Smelly stools | |
| <input type="checkbox"/> Greasy oily floating stools | |
| <input type="checkbox"/> Difficult to flush | |
| <input type="checkbox"/> Lots of wind | |
| <input type="checkbox"/> Big/bloated stomach | |
| <input type="checkbox"/> Stomach pains | |
| <input type="checkbox"/> Pale/yellow stools | |

Day Seven:

Meal or Snack	Food and Drink	How many enzymes taken
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Tick \checkmark the boxes if you have signs of these:

- | | |
|--|-------------------|
| <input type="checkbox"/> Frequent stools – Circle the number | 1 2 3 4 5 or more |
| <input type="checkbox"/> Loose broken up stools | |
| <input type="checkbox"/> Smelly stools | |
| <input type="checkbox"/> Greasy oily floating stools | |
| <input type="checkbox"/> Difficult to flush | |
| <input type="checkbox"/> Lots of wind | |
| <input type="checkbox"/> Big/bloated stomach | |
| <input type="checkbox"/> Stomach pains | |
| <input type="checkbox"/> Pale/yellow stools | |

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

For further information contact

Upper GI Dietitians:

Tel: 0151 706 4704

Author: Dietetics Department - Therapies

Review date: May 2027

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والإلكترونية.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字

體、音頻、盲文、穆恩體 (Moon) 盲文和電子格式，敬請索取。

در صورت تمایل می‌توانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاری پتوهندیدار بهو نهخوشانهی له‌لایین تراستهوه په‌سهند کراون، نه‌گسر داوا بکریت له فورماته‌کانی تردا بریتی له زمانه‌کانی تر، نیزی رید (هاسان خویندنهوه)، چاپی گهوره، شریتی دهنگ، هیلی موون و ئلیکترۆنیکی هیه.

所有经信托基金批准的患者信息均可以其它格式提供，包括其它语言、易读阅读软件、大字体、音频、盲文、穆恩体 (Moon) 盲文和电子格式，敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.