

Patient information
Food and Symptom Diary
Dietetic Department - Therapies

Date	
Name	
Address	
Telephone Number	
Date of Birth	

Please return completed booklet to:

Upper GI Dietetic Team
Upper GI Office
Office 5
Floor 9A
The 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.

This will help us learn more about what foods you are eating and in what quantities.

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 tbsp

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 tbsp
 - Custard - Four tbsp
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	Symptoms e.g. pain, cramps, bloating, nausea, diarrhoea, sweating, dizziness (Please specify frequency)
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Day Two:

Meal or Snack	Food and Drink	Symptoms e.g. pain, cramps, bloating, nausea, diarrhoea, sweating, dizziness (Please specify frequency)
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Day Three:

Meal or Snack	Food and Drink	Symptoms e.g. pain, cramps, bloating, nausea, diarrhoea, sweating, dizziness (Please specify frequency)
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Day Four:

Meal or Snack	Food and Drink	Symptoms e.g. pain, cramps, bloating, nausea, diarrhoea, sweating, dizziness (Please specify frequency)
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Day Five:

Meal or Snack	Food and Drink	Symptoms e.g. pain, cramps, bloating, nausea, diarrhoea, sweating, dizziness (Please specify frequency)
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Day Six:

Meal or Snack	Food and Drink	Symptoms e.g. pain, cramps, bloating, nausea, diarrhoea, sweating, dizziness (Please specify frequency)
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Day Seven:

Meal or Snack	Food and Drink	Symptoms e.g. pain, cramps, bloating, nausea, diarrhoea, sweating, dizziness (Please specify frequency)
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

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

Upper GI Dietitians:

Tel: 0151 706 4704

Author: Therapies/Dietetics Department

Review Date: August 2027

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

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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 پینوئیدار بهو نه‌خوشانه‌ی له‌لایمن تراسته‌وه پ‌س‌سند کراون، نه‌گ‌س داوا بک‌ریت له فورمات‌ه‌کانی تردا بریتی له زمانه‌کانی تر، نیزی رید (هاسان خویندنه‌وه)، چاپی گ‌وره، ش‌ریتی ده‌نگ، ه‌ن‌لی موون و نه‌ل‌یک‌تر‌و‌ن‌یک‌ی ه‌م‌یه.

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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.