



## **Daily food, symptom & activity diary**

- **Information you must bring to your appointment**

- Recent blood test results
- Full list of current medication
- Results of investigations (you may need to ask your GP or Consultant for these)

- **Pre-appointment tasks to be completed**

We encourage you to ensure that these are forwarded to us least 5 working days before your appointment so that we can make sure that you get the most benefit from it. Ideally, send them by email (allow extra time for delivery if you are sending hard copies by post)

### **a) Current symptom severity scores**

Please indicate the severity of your current symptoms in the table provided

### **b) 4 Day daily food and activity diary**

**Food Intake:** Record what you eat with approximate portion description such as tablespoons of pasta, how many potatoes & what size (e.g. egg size, fist size), meat in slices or number of chops or look at the packet you cooked for the weight

**Drinks:** Measure the size of the mugs or glasses you most commonly drink from so that you can record closely what you consume

**Activity:** record what you are/have been doing throughout the day whether you were sitting, on the go, exercising (include duration & intensity) or relaxing



## c) Bowel Habits








Please use the Bristol stool chart to rate stools, volume and document when they occur

Many thanks,

Aisling Snedker

Consultant Dietitian

### Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. <b>Entirely Liquid</b>



Name
DOB
Weight (current)
Height (current)

## Current symptoms

Symptom score; 0 No symptoms, 1 Slight, 2 Mild, 3 Moderate, 4 Severe, 5 Debilitating

	0	1	2	3	4	5
Flatus						
bloating						
Belching						
Reflux						
Nausea						
Sensation of food not emptying from stomach						
Constipation						
Sensation of Incomplete evacuation of bowel						
Diarrhoea						
Gurgling/Noisy stomach						
Spasming						
Pain in abdomen						
Energy Levels						

Are there any foods you find upset you in terms of mood, energy, digestion, or skin reactions?	
Did you have any allergies in childhood (including hayfever)?	
Have you been diagnosed with asthma?	



## Daily food, bowel habit & activities diary

### Day 1

Date:	Bowel habits	Food/Drink Type & Amount	Activity log
Breakfast			
Mid-morning snack			
Lunch			
Mid - afternoon Snack			
Evening Meal			
Supper			
Total fluid intake			



Day 2

<b>Date:</b>	<b>Bowel habits</b>	<b>Food/Drink Type &amp; Amount</b>	<b>Activity log</b>
<b>Breakfast</b>			
<b>Mid-morning snack</b>			
<b>Lunch</b>			
<b>Mid - afternoon Snack</b>			
<b>Evening Meal</b>			
<b>Supper</b>			
<b>Total fluid intake</b>			



Day 3

Date:	Bowel habits	Food/Drink Type & Amount	Activity log
Breakfast			
Mid-morning snack			
Lunch			
Mid - afternoon Snack			
Evening Meal			
Supper			
Total fluid intake			



Day 4

Date:	Bowel habits	Food/Drink Type & Amount	Activity log
Breakfast			
Mid-morning snack			
Lunch			
Mid - afternoon Snack			
Evening Meal			
Supper			
Total fluid intake			