



The Oesophageal Patients Association

Caring for the cancer patient and their family



FOOD DIARY

Date _____

Meals	Food/Beverage/Time	Type of symptoms and Code/Time (see below)
Breakfast		
Mid Morning		
Lunch		
Mid Afternoon		
Dinner		
Supper		

Symptom Codes

1. Nausea
2. Vomiting
3. Flushing
4. Heart palpitations, rapid heart rate
5. Sweating
6. Confusion
7. Fainting
8. Fatigue
9. Stomach cramps

Notes.....
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Lunch		
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