



The Oesophageal
Patients Association
Caring for the cancer patient & 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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Mid Morning		
Lunch		
Mid Afternoon		
Dinner		
Supper		
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