

# Food, drink and enzyme replacement diary

Department of Dietetics & Nutrition  
Information for patients

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## Your diary








Please use this diary to record all the food, drinks and nutritional supplements that you have eaten during the day. This includes snacks and milky drinks. Details about the food, such as how much you had and how it was cooked, will make the diary more accurate.

- Also record how many pancreatic enzyme replacement therapy (PERT) capsules you take with all meals, snacks, drinks and nutritional supplements.
- Record every time that your bowels open, and describe the colour (such as black, brown, orange or yellow) and consistency of your stool (using the stool chart overleaf).
- Also record when you have stomach pain, indigestion, feel bloated or pass excessive wind.
- Fill the diary in for at least three days (two week days and one weekend day). Once you have finished, please return the diary to the dietitians in person or by post. They will then be in touch with you once they have looked at your diary with any suggestions they may have.

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# Stool chart

	<p><b>Type 1</b></p> <p><b>Looks like rabbit droppings</b> <b>Separate hard round lumps that are difficult to pass</b></p>
	<p><b>Type 2</b></p> <p><b>Looks like a bunch of grapes</b> <b>Like a lumpy sausage</b></p>
	<p><b>Type 3</b></p> <p><b>Looks like corn on the cob</b> <b>Like a sausage with cracks on the surface</b></p>
	<p><b>Type 4</b></p> <p><b>Looks like a smooth soft snake</b></p>
	<p><b>Type 5</b></p> <p><b>Looks like chicken nuggets</b> <b>Soft blobs that are easy to pass</b></p>
	<p><b>Type 6</b></p> <p><b>Looks like porridge</b> <b>Fluffy pieces with ragged edges</b></p>
	<p><b>Type 7</b></p> <p><b>Looks like gravy</b> <b>With no solid pieces</b></p>

## Example of completed diary

**Date** 22/12/2021

**Brand of PERT: Creon 10,000**

Time	Details of food and drink quantity	Number of PERT capsules	Symptoms /Bowels
8:30	Small bowl of porridge with full cream milk with handful of blueberries and strawberries.	3	No symptoms
10:00	Twirl Diet coke Apple	1	No symptoms
13:30	Cheese and ham toastie with butter, two slices of thick bread. Full fat yoghurt	2	Bloated tummy and yellow, type 7 stool at 14:00
15:00	Milkshake made with full cream milk with extra ice cream	1	Stomach ache
17:45	Spaghetti Bolognese with cheese and spaghetti	3	Indigestion and type 6 yellow stool
20:00	Cup of tea with dash of milk Small piece of chocolate cake	1	No symptoms

Date .....

Brand of enzyme: .....

Time	Details of food and drink quantity	Number of PERT capsules	Symptoms

Date .....

Time	Details of food and drink quantity	Number of PERT capsules	Symptoms

Date .....

Time	Details of food and drink quantity	Number of PERT capsules	Symptoms

Date.....

Time	Details of food and drink quantity	Number of PERT capsules	Symptoms

Please return your completed diary to

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If you have any queries please do not hesitate to contact your dietitian

Name.....

Telephone number: 0116 258 5400

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اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।  
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