

# Your Enzyme and Food Diary

Information for patients,  
parents and carers





# Your Enzyme and Food Diary

Name: ..... DOB ...../...../.....

Address: .....  
.....

Telephone/Mobile No: .....

Date Diary Sent Out: ...../...../.....

Date Diary Received Back: ...../...../.....

Dietitians: Jacqui Lowdon and Jo Costello

Tel: **(0113) 392 2479**

## How to fill in your food diary

This diary will help the dietitian check you are eating enough to help you grow and fight off infections. We also use it to make sure the number of enzymes you take is correct and you have enough vitamins.

Please complete the three day diary following the example shown including one weekend day. Please give as much information as you can. This will allow a more accurate assessment.

Record all food and drink actually eaten rather than what is on the plate/offered.

Remember to include all drinks and snacks, including sweets crisps and biscuits.

If possible, state the weight and size of the food given on the packet e.g: 1 x bag of crisps (30g)/ King sized mars bar. Otherwise try and use household measures e.g. 3 x heaped tablespoons of rice/ 1 x thin slice of bread.

Write the method of cooking eg; grilled, fried, baked

If you take any dietary supplements or high-energy drinks or have overnight feeds remember to include these as well.

Please write the number of capsules of enzymes (Creon) you have with each meal/snack.

***Please complete this booklet and bring along to your annual review.***

## A sample diary entry

	<b>Amount and type of food and drink</b>	<b>Enzymes Type &amp; amount</b>
<b>Breakfast</b>	3 tablespoons Cornflakes, 100ml (1 cup) full fat milk, ½ large thick slice wholemeal bread, with lots of margarine, 250ml (1 glass) unsweetened orange juice	Creon 10 2 capsules
<b>Mid-morning</b>	1 packet (30g) Walkers Crisps 1 glass (200ml) ordinary squash	Creon 10 3 capsules
<b>Midday</b>	3oz roast chicken (with skin) 2 scoops of mashed potato + milk +butter 1 tablespoon peas 1 tablespoon gravy 1 tablespoon gravy Strawberry Muller Corner Yoghurt (1/2 eaten)	Creon 10 4 capsules
<b>Mid-afternoon</b>	2 bourbon biscuits	Creon 10 1 capsule
<b>Evening Meal</b>	2 Fishfingers (Fried) 10 Oven Chips ½ small tin Heinz Baked Beans 1 apple	Creon 10 6 capsules
<b>Bedtime</b>	1 mug hot chocolate made with full fat milk, 1 Mars Bar snacksize	Creon 10 3 capsules

## Your usual food

Please answer these questions about the foods you usually eat and drink. (*Please tick*)

### 1. What milk do you use at home?

Full fat (blue top)       Semi-skimmed (green top)

Skimmed (red top)       If any other milk please state

.....

### 2. Approximately how much milk do you drink each day? (include drinks & with breakfast cereal)

.....

### 3. What type of bread do you eat?

Wholemeal     Granary     White     50:50

### 4. What type of fat do you spread on bread?

Margarine     Low fat spread     Butter

### 5. Do you add extra butter/margarine/oil, mayonnaise, cheese, cream to your food?

Yes                       No

### 6. Do you add salt to your food in cooking and at the table?

Yes                       No

## Your tummy

If your dose of enzymes (Creon) is not matched to the food you eat you may get tummy ache, loose, smelly, frequent poos and struggle to do a poo.

**Overall how has your tummy felt this last month?**

How many poos do you usually do in a day? .....

**Do you get many tummy aches?** Yes  No

If yes how often - daily  weekly  monthly

**Do you think it is because you sometimes forget your Creon?**

Yes  No

**Are there any problems with Creon at school?** Yes  No

**Do you spend a long time on the toilet?** Yes  No

**Do you have to struggle to push the poo out?** Yes  No

Any comments or questions about your Tummy?

.....

.....

**Has anything happened that has affected your food or enzyme intake recently?**

**Is your appetite:** the same  better  or worse  since then?

**Growth - are you happy with how tall you are growing?**

Yes  No

**Weight - does anything concern you about your weight?**

Yes  No

**Do you think you are:**

overweight  underweight  or about right  ?

# Your Food Diary

<i>Date: ...../...../.....</i>	<i>Day: .....</i>
<i>Amount and type of food and drink</i>	<i>Enzymes - type and amount</i>
<b>Breakfast</b>	
<b>Mid Morning</b>	
<b>Midday</b>	

<i>Amount and type of food and drink</i>	<i>Enzymes - type and amount</i>
<b>Mid-afternoon</b>	
<b>Evening meal</b>	
<b>Bedtime</b>	

Total number of poos today: .....

Please mark an **X** along the lines where you think they were:

_____	_____	_____
Hard	Normal	Fatty/oily
_____	_____	_____
Very smelly	Quite smelly	Normal
_____	_____	_____
Black	Brown	Yellow

# Your Food Diary

<i>Date: ...../...../.....</i>	<i>Day: .....</i>
<i>Amount and type of food and drink</i>	<i>Enzymes - type and amount</i>
<b>Breakfast</b>	
<b>Mid Morning</b>	
<b>Midday</b>	

<i>Amount and type of food and drink</i>	<i>Enzymes - type and amount</i>
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_____	_____	_____
Black	Brown	Yellow

**What would you like to talk about with your dietitian at your annual review?**

Why do I need Enzymes (Creon)?

Why do I need to eat well?

When should I take my vitamins?

Why do I sometimes get loose poo/ tummy pain?

How do Enzymes (Creon) work?

When should I take Enzymes (Creon)?

Why do I need vitamins?

Why is my weight and height checked?

What are nutritional supplements?

Am I growing OK?

Can you help me with eating out/ at school?







## What did you think of your care?

Scan the QR code or visit [bit.ly/nhsleedsfft](https://bit.ly/nhsleedsfft)

*Your views matter*



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