Nausea and vomiting symptom diary

enterra medical™

Patient name: _____ ☐ Baseline ☐ Post-implant

Date of birth: _____ Diary started on ____/____/____ at ____:____ time

Track your symptoms in the diary below according to your doctor's recommendations. If you had no episodes on a given day, record that as well. Please record the number of hours of nausea during each day, and the number of vomiting episodes each day. Talk with your doctor if you have questions about completing this diary.

Nausea and Vomiting (Fill out by patient)			
Date	Time	Severity of Nausea 0–4 (4 is high)	Vomiting Episode
Monday	10:10 (AM)/PM	4	✓
	AM/PM		
	AM/PM		
	AM/PM		
	AM/PM		
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	AM/PM		
	AM/PM		

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	AM/PM		
	AM/PM		
	AM/PM		
	AM/PM		
	AM/PM		
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	AM/PM		

Do you feel that this therapy is providing you relief?	☐ Yes ☐ No
How would you characterize your improvement?	☐ Slightly improved ☐ Moderately improved ☐ Greatly improved

(Fill out by patient)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Total number of vomiting episodes							
Total number of nausea hours							

Nausea and Vomiting (Fill out by patient)			
Date	Time	Severity of Nausea 0–4 (4 is high)	Vomiting Episode
Monday	10:10 AM/PM	4	✓
	AM/PM		
	AM/PM		
	AM/PM		
	AM/PM		
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	AM/PM		
	AM/PM		

Do you feel that this therapy is providing you relief? (circle one)	Yes | No
How would you characterize your improvement? (circle one)	Slightly improved | Moderately improved | Greatly improved

(Fill out by patient)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Total number of vomiting episodes							
Total number of nausea hours							

Please visit **www.enterramedical.com** for helpful information.

MKT-B-0009, Rev A

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