

# Cyclic Vomiting Syndrome Episode Diary

Name \_\_\_\_\_

Date Episode Began \_\_\_\_\_

Date Episode Ended \_\_\_\_\_

Time Episode Began \_\_\_\_\_

Time Episode Ended \_\_\_\_\_

Warning Signs \_\_\_\_\_

Was pain present?

Yes

No

Location of Pain \_\_\_\_\_

Type of Pain \_\_\_\_\_

Intensity of Pain (10 most intense)

1    2    3    4    5    6    7    8    9    10

Intensity of Nausea/Vomiting (10 most intense)

1    2    3    4    5    6    7    8    9    10

Other Symptoms \_\_\_\_\_

Medication Taken / Other Treatment \_\_\_\_\_

Did Treatment Work? \_\_\_\_\_

How many times vomiting occurred in the hour    1-3    4-6    7-9    10+

Triggers that were spotted \_\_\_\_\_

What I Ate Before the Episode \_\_\_\_\_

Activities Before Episode Occurred \_\_\_\_\_

Important or Stressful Events That Occurred Today \_\_\_\_\_

Notes / Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_