APPENDIX H

Sample Datasheet for Clinicians

PATIENT NAME:									DATE:	
PROTOCOL:									TIME:	
FOOD:										
TRIALS	INTERRUPT	ACCEPT	MINUTE	MOUTH	EXPEL	GAG	EMESIS	GI	NEG VOC	OTHER
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										