# PATIENT DIARY



First name:	Last name:			
Date of birth: /	/			
BEFORE THE OPERAT	TION			
I received the informa	tion sheet		☐Yes	□No
I understood the purp	ose of the care that I was going t	o have	☐Yes	□No
Where applicable, I ne	eded further oral information		☐Yes	□No
	mplied with the recommendation weeks before my surgical interver		□Yes	□No
Where applicable, I for preparation before my	llowed the instructions for physic surgical intervention	al	□Yes	□No
Where applicable, I dr my immune defences	ank the product intended to imp	rove	□Yes	□No
Where applicable, I was offered the day I	as able to drink all of the sugary of before	drinks	□Yes	□No
→ If no: ☐ I drank some	e of it 🔲 I was not able to drir	nk it		
DAY OF THE OPERAT	<b>ION</b> (AFTER RETURNING FROM THE SUI	RGICAL UNIT)		
I have been drinking:  ☐ Often (1 half-litre) ☐ A little ☐ Nothing at all	I have been eating:  ☐ Well (everything I was offered) ☐ A little ☐ Nothing at all	I have fe ☐ Yes ☐ No	it sick:	
I have been sick:	I have started to sit:	I have sta	arted to	stand:
☐ Yes ☐ No	☐ Between ½ and 1 hr ☐ + 2 hours	☐ Betwee		1 hr
I have walked:  ☐ Between ½ et 1 hr	On a scale of 1 to 10, my highest level <b>of pain when moving</b> is:			
☐ + 2 hours		6	8	10

Your establishment's logo



## DAY 1 AFTER THE OPERATION

I have been drinking:	I have been eating:		I have felt sick:
☐ Often (1 litre) ☐ A little ☐ Nothing at all	<ul><li>☐ Well (more than half of</li><li>☐ A little</li><li>☐ Nothing at all</li></ul>	the meal)	☐ Yes ☐ No
I have been sick:	Daily plan – 3 meals	:	
☐ Yes ☐ No	☐ 1 meal ☐ 2 meals ☐ 3 meals		
Daily plan - at least 6 h	ours out of bed and r	neals at the tab	le:
I have been standing:	I have walked:	→ If no, I have be	een sitting out of bed:
<ul><li>□ - 3 hours</li><li>□ Between 3 and</li><li>6 hours</li><li>□ + 6 hours</li></ul>	☐ - 30 mins ☐ + 30 mins ☐ + 1 hour	☐ - for 6 hours ☐ + 6 hours ☐ I have not left	the bed
On a scale of	1 to 10, my highest le	vel of <b>pain wher</b>	n moving is:
0	2 4	6 8	10
DAY 2 AFTER THE OP	ERATION		
I have been drinking:	I have been eating:		I have felt sick:
☐ Often (1 litre) ☐ A little ☐ Nothing at all	☐ Well (more than half of ☐ A little ☐ Nothing at all	the meal)	☐ Yes ☐ No
I have been sick:	Daily plan – 3 meals	:	
☐ Yes ☐ No	☐ 1 meal ☐ 2 meals ☐ 3 meals		
Daily plan - at least 6 h	ours out of bed and r	neals at the tab	le:
I have been standing:	I have walked:	→ If no, I have be	een sitting out of bed:
<ul><li>□ - 3 hours</li><li>□ Between 3 and</li><li>6 hours</li><li>□ + 6 hours</li></ul>	<ul><li>□ - 30 mins</li><li>□ + 30 mins</li><li>□ + 1 hour</li></ul>	☐ - for 6 hours ☐ + 6 hours ☐ I have not left	the bed
On a scale of	1 to 10, my highest le	vel of <b>pain wher</b>	n moving is:

## DAY 3 AFTER THE OPERATION

I have been drinking:	I have been eating:		I have felt sick:
☐ Often (1 litre) ☐ A little ☐ Nothing at all	<ul><li>☐ Well (more than half of</li><li>☐ A little</li><li>☐ Nothing at all</li></ul>	the meal)	☐ Yes ☐ No
I have been sick:	Daily plan – 3 meals	:	
☐ Yes ☐ No	☐ 1 meal ☐ 2 meals ☐ 3 meals		
Daily plan - at least 6 h	ours out of bed and r	meals at the tab	ole:
I have been standing:	I have walked:	→ If no, I have be	een sitting out of bed:
□ - 3 hours □ Between 3 and 6 hours □ + 6 hours	☐ - 30 mins ☐ + 30 mins ☐ + 1 hour	☐ - for 6 hours ☐ + 6 hours ☐ I have not left	the bed
On a scale of	1 to 10, my highest le	vel of <b>pain wher</b>	n moving is:
0	2 4	6 8	10
Ü	2 4	0 0	10
	EDATION		
DAY 4 AFTER THE OP	ERATION		
	ERATION  I have been eating:		I have felt sick:
		the meal)	I have felt sick:  ☐ Yes ☐ No
I have been drinking:  ☐ Often (1 litre) ☐ A little	I have been eating:  Well (more than half of A little	·	☐Yes
I have been drinking:  ☐ Often (1 litre) ☐ A little ☐ Nothing at all	I have been eating:  ☐ Well (more than half of ☐ A little ☐ Nothing at all	·	☐Yes
I have been drinking:  Often (1 litre) A little Nothing at all I have been sick: Yes	I have been eating:  Well (more than half of A little Nothing at all  Daily plan – 3 meals:  1 meal 2 meals 3 meals	:	☐ Yes ☐ No
I have been drinking:  Often (1 litre) A little Nothing at all I have been sick: Yes No	I have been eating:  Well (more than half of A little Nothing at all  Daily plan – 3 meals:  1 meal 2 meals 3 meals	: neals at the tab	☐ Yes ☐ No
I have been drinking:  Often (1 litre) A little Nothing at all I have been sick: Yes No Daily plan - at least 6 h	I have been eating:  Well (more than half of A little Nothing at all  Daily plan - 3 meals:  1 meal 2 meals 3 meals ours out of bed and residue.	: neals at the tab	☐ Yes☐ No☐ No☐ No☐ No☐ Sitting out of bed:
I have been drinking:  Often (1 litre) A little Nothing at all  I have been sick: Yes No  Daily plan - at least 6 h I have been standing: - 3 hours Between 3 and 6 hours + 6 hours	I have been eating:  Well (more than half of A little Nothing at all  Daily plan - 3 meals:  1 meal 2 meals 3 meals  ours out of bed and r I have walked:  - 30 mins + 30 mins	meals at the tab → If no, I have be □ - for 6 hours □ + 6 hours □ I have not left	Yes No  No  Neen sitting out of bed:

10

## DAY 5 AFTER THE OPERATION

I have been drinking:	I have been eating:		I have felt sick:
☐ Often (1 litre) ☐ A little ☐ Nothing at all	<ul><li>☐ Well (more than half of</li><li>☐ A little</li><li>☐ Nothing at all</li></ul>	f the meal)	☐ Yes ☐ No
I have been sick:	Daily plan – 3 meals	•	
☐ Yes ☐ No	☐ 1 meal ☐ 2 meals ☐ 3 meals		
Daily plan - at least 6 h	ours out of bed and i	meals at the tab	ole:
I have been standing:	I have walked:	→ If no, I have be	een sitting out of bed:
<ul><li>□ - 3 hours</li><li>□ Between 3 and</li><li>6 hours</li><li>□ + 6 hours</li></ul>	☐ - 30 mins ☐ + 30 mins ☐ + 1 hour	☐ - for 6 hours ☐ + 6 hours ☐ I have not left	the bed
On a scale of	1 to 10, my highest le	vel of <b>pain whe</b> i	n moving is:
0	2 4	6 8	10
Ü	2 4	0 0	10
DAY C AFTER THE OR	EDATION		
DAY 6 AFTER THE OP	ERATION		
I have been drinking:	I have been eating:		I have felt sick:
☐ Often (1 litre) ☐ A little ☐ Nothing at all	<ul><li>☐ Well (more than half of</li><li>☐ A little</li><li>☐ Nothing at all</li></ul>	f the meal)	☐ Yes ☐ No
I have been sick:	Daily plan – 3 meals	•	
☐ Yes ☐ No	☐ 1 meal ☐ 2 meals		
	☐ 3 meals		
Daily plan - at least 6 h		meals at the tak	ole:
			ole: een sitting out of bed:
	ours out of bed and I		een sitting out of bed:

## DAY 7 AFTER THE OPERATION

I have been drinking:	I have been eating:		I have felt sick:
☐ Often (1 litre) ☐ A little ☐ Nothing at all	<ul><li>☐ Well (more than half of</li><li>☐ A little</li><li>☐ Nothing at all</li></ul>	the meal)	☐ Yes ☐ No
I have been sick:	Daily plan – 3 meals	:	
☐ Yes ☐ No	☐ 1 meal ☐ 2 meals ☐ 3 meals		
Daily plan - at least 6 h	ours out of bed and r	meals at the tab	le:
I have been standing:	I have walked:	→ If no, I have be	een sitting out of bed:
□ - 3 hours □ Between 3 and 6 hours □ + 6 hours	☐ - 30 mins ☐ + 30 mins ☐ + 1 hour	☐ - for 6 hours ☐ + 6 hours ☐ I have not left	the bed
On a scale of	1 to 10, my highest le	vel of <b>pain wher</b>	n moving is:
0	2 4	6 8	10
Ü	2 -	o o	10
	EDATION		
DAY 8 AFTER THE OP	ERATION		
	ERATION  I have been eating:		I have felt sick:
		the meal)	I have felt sick:  ☐ Yes ☐ No
I have been drinking:  ☐ Often (1 litre) ☐ A little	I have been eating:  Well (more than half of A little	·	□Yes
I have been drinking:  ☐ Often (1 litre) ☐ A little ☐ Nothing at all	I have been eating:  ☐ Well (more than half of ☐ A little ☐ Nothing at all	·	□Yes
I have been drinking:  Often (1 litre) A little Nothing at all I have been sick: Yes	I have been eating:  Well (more than half of A little Nothing at all  Daily plan – 3 meals:  1 meal 2 meals 3 meals	:	☐ Yes ☐ No
I have been drinking:  Often (1 litre) A little Nothing at all I have been sick: Yes No	I have been eating:  Well (more than half of A little Nothing at all  Daily plan – 3 meals:  1 meal 2 meals 3 meals	: neals at the tab	☐ Yes ☐ No
I have been drinking:  Often (1 litre) A little Nothing at all I have been sick: Yes No Daily plan - at least 6 h	I have been eating:  Well (more than half of A little Nothing at all  Daily plan - 3 meals:  1 meal 2 meals 3 meals ours out of bed and residue.	: neals at the tab	☐ Yes☐ No☐ No☐ No☐ Sitting out of bed:
I have been drinking:  Often (1 litre) A little Nothing at all  I have been sick: Yes No  Daily plan - at least 6 h I have been standing: - 3 hours Between 3 and 6 hours + 6 hours	I have been eating:  Well (more than half of A little Nothing at all  Daily plan - 3 meals:  1 meal 2 meals 3 meals  ours out of bed and r I have walked:  - 30 mins + 30 mins	meals at the tab → If no, I have be □ - for 6 hours □ + 6 hours □ I have not left	☐ Yes☐ No☐ No☐ No☐ Sitting out of bed: the bed

10