

Post-Ileostomy Closure Diary

Bring this diary with you
each time you come to clinic.

Introduction

Now that your ileostomy is closed, you will begin to have bowel movements again. To help us learn how well you are doing, please keep record information daily.

Instructions

Start recording your information in this diary on the first day you go home from the hospital. The first week of this diary is a Monday, but you will not record anything for this day, unless the first day you are home is a Monday.



Date. Write the date beneath the day of the week.



Day Stools. Record the number of times you pass stools during the day, starting with when you first wake up in the morning and ending with your last bowel movement before going to bed.



Night Stools. If you have to get out of bed during the night, record the number of times you pass stools.



Diet Followed. Check the box next to the high fiber or regular diet. If you follow another diet, record in the space below “Other.”








Fiber Supplement. If you use a fiber supplement, record the brand name and how much you use that day.



Antidiarrheal. If you use an antidiarrheal such as loperamide (Imodium®), record the brand name and how much you use that day.






Bring this diary with you each time you come to clinic.

Week 1

					AD
Mon			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Tues			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Wed			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Thurs			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Fri			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sat			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sun			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?






Comments

Week 2

					AD
Mon			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Tues			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Wed			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Thurs			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Fri			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sat			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sun			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?






Comments

Week 3

					AD
Mon			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Tues			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Wed			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Thurs			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Fri			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sat			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sun			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?






Comments

Week 4

					AD
Mon			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Tues			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Wed			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Thurs			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Fri			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sat			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sun			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?






Comments

Week 5

					AD
Mon			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Tues			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Wed			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Thurs			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Fri			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sat			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sun			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?






Comments

Week 6

					AD
Mon			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Tues			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Wed			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Thurs			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Fri			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sat			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sun			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?






Comments

Week 7

					AD
Mon			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Tues			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
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Fri			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sat			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sun			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?






Comments

Week 8

					AD
Mon			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Tues			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Wed			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Thurs			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Fri			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sat			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sun			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?

Comments

Week 9

					AD
Mon			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Tues			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Wed			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
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Fri			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sat			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?
Sun			<input type="checkbox"/> High fiber <input type="checkbox"/> Regular <input type="checkbox"/> Other:	Brand How much?	Brand How much?

Comments

Notes