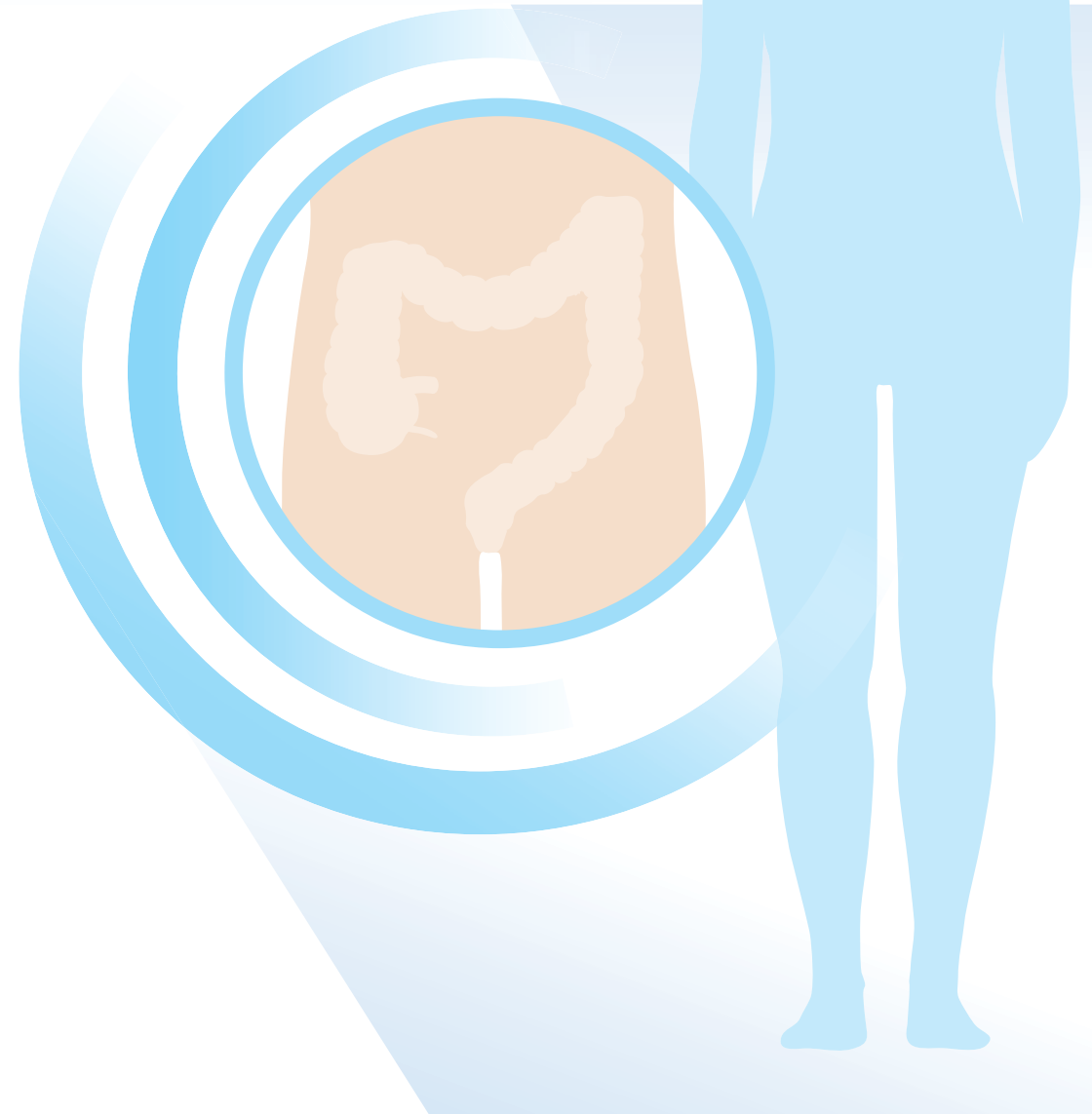




Patient Diaries

Low Anterior Resection Syndrome



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McGill University
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Office d'éducation des patients
Patient Education Office



BOWEL TROUBLE DIARY

1 month post-op, week 1

Date							
Number of bowel movements							
Average stool consistency (Bristol)							
Time of symptoms (please circle)	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM
Number of incontinence episodes:	Gas	Gas	Gas	Gas	Gas	Gas	Gas
	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid
	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid
	Stool	Stool	Stool	Stool	Stool	Stool	Stool
Did you have to rush to the toilet because of a sudden urge?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you have to go to the toilet twice, or more, in the same hour?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
What other symptoms did you have? (circle all that apply)	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating

LOPERAMIDE DIARY

12 months post-op, week 2

Date							
How many Loperamide pills did you take today?	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2
	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2
	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2
	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2
Did you take Loperamide 30 minutes before your meal?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Do you think it helped with your symptoms?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

LOPERAMIDE DIARY

12 months post-op, week 1

Date							
How many Loperamide pills did you take today?	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2
	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2
	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2
	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2
Did you take Loperamide 30 minutes before your meal?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

BOWEL TROUBLE DIARY

1 month post-op, week 2

Date							
Number of bowel movements							
Average stool consistency (Bristol)							
Time of symptoms (please circle)	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM
Number of incontinence episodes:	Gas	Gas	Gas	Gas	Gas	Gas	Gas
	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid
	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid
	Stool	Stool	Stool	Stool	Stool	Stool	Stool
Did you have to rush to the toilet because of a sudden urge?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you have to go to the toilet twice, or more, in the same hour?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
What other symptoms did you have? (circle all that apply)	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating

BOWEL TROUBLE DIARY

3 months post-op, week 1

Date							
Number of bowel movements							
Average stool consistency (Bristol)							
Time of symptoms (please circle)	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM
Number of incontinence episodes:	Gas	Gas	Gas	Gas	Gas	Gas	Gas
	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid
	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid
	Stool	Stool	Stool	Stool	Stool	Stool	Stool
Did you have to rush to the toilet because of a sudden urge?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you have to go to the toilet twice, or more, in the same hour?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
What other symptoms did you have? (circle all that apply)	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating

LOPERAMIDE DIARY

9 months post-op, week 2

Date							
How many Loperamide pills did you take today?	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2
	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2
	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2
	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2
Did you take Loperamide 30 minutes before your meal?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Do you think it helped with your symptoms?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

LOPERAMIDE DIARY

9 months post-op, week 1

Date							
How many Loperamide pills did you take today?	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2
	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2
	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2
	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2
Did you take Loperamide 30 minutes before your meal?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Do you think it helped with your symptoms?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

BOWEL TROUBLE DIARY

3 months post-op, week 2

Date							
Number of bowel movements							
Average stool consistency (Bristol)							
Time of symptoms (please circle)	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM
Number of incontinence episodes:	Gas	Gas	Gas	Gas	Gas	Gas	Gas
	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid
	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid
	Stool	Stool	Stool	Stool	Stool	Stool	Stool
Did you have to rush to the toilet because of a sudden urge?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you have to go to the toilet twice, or more, in the same hour?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
What other symptoms did you have? (circle all that apply)	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating

BOWEL TROUBLE DIARY

6 months post-op, week 1

Date							
Number of bowel movements							
Average stool consistency (Bristol)							
Time of symptoms (please circle)	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM
Number of incontinence episodes:	Gas	Gas	Gas	Gas	Gas	Gas	Gas
	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid
	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid
	Stool	Stool	Stool	Stool	Stool	Stool	Stool
Did you have to rush to the toilet because of a sudden urge?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you have to go to the toilet twice, or more, in the same hour?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
What other symptoms did you have? (circle all that apply)	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating

LOPERAMIDE DIARY

6 months post-op, week 2

Date							
How many Loperamide pills did you take today?	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2
	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2
	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2
	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2
Did you take Loperamide 30 minutes before your meal?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Do you think it helped with your symptoms?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

LOPERAMIDE DIARY

6 months post-op, week 1

Date							
How many Loperamide pills did you take today?	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2
	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2
	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2
	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2
Did you take Loperamide 30 minutes before your meal?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Do you think it helped with your symptoms?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

BOWEL TROUBLE DIARY

6 months post-op, week 2

Date							
Number of bowel movements							
Average stool consistency (Bristol)							
Time of symptoms (please circle)	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM
Number of incontinence episodes:	Gas	Gas	Gas	Gas	Gas	Gas	Gas
	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid
	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid
	Stool	Stool	Stool	Stool	Stool	Stool	Stool
Did you have to rush to the toilet because of a sudden urge?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you have to go to the toilet twice, or more, in the same hour?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
What other symptoms did you have? (circle all that apply)	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating

BOWEL TROUBLE DIARY

9 months post-op, week 1

Date							
Number of bowel movements							
Average stool consistency (Bristol)							
Time of symptoms (please circle)	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM
Number of incontinence episodes:	Gas	Gas	Gas	Gas	Gas	Gas	Gas
	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid
	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid
	Stool	Stool	Stool	Stool	Stool	Stool	Stool
Did you have to rush to the toilet because of a sudden urge?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you have to go to the toilet twice, or more, in the same hour?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
What other symptoms did you have? (circle all that apply)	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating

LOPERAMIDE DIARY

3 months post-op, week 2

Date							
How many Loperamide pills did you take today?	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2
	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2
	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2
	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2
Did you take Loperamide 30 minutes before your meal?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Do you think it helped with your symptoms?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

LOPERAMIDE DIARY

3 months post-op, week 1

Date							
How many Loperamide pills did you take today?	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2
	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2
	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2
	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2
Did you take Loperamide 30 minutes before your meal?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Do you think it helped with your symptoms?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

BOWEL TROUBLE DIARY

9 months post-op, week 2

Date							
Number of bowel movements							
Average stool consistency (Bristol)							
Time of symptoms (please circle)	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM
Number of incontinence episodes:	Gas	Gas	Gas	Gas	Gas	Gas	Gas
	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid
	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid
	Stool	Stool	Stool	Stool	Stool	Stool	Stool
Did you have to rush to the toilet because of a sudden urge?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you have to go to the toilet twice, or more, in the same hour?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
What other symptoms did you have? (circle all that apply)	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating

BOWEL TROUBLE DIARY

12 months post-op, week 1

Date							
Number of bowel movements							
Average stool consistency (Bristol)							
Time of symptoms (please circle)	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM
Number of incontinence episodes:	Gas	Gas	Gas	Gas	Gas	Gas	Gas
	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid
	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid
	Stool	Stool	Stool	Stool	Stool	Stool	Stool
Did you have to rush to the toilet because of a sudden urge?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you have to go to the toilet twice, or more, in the same hour?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
What other symptoms did you have? (circle all that apply)	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating

LOPERAMIDE DIARY

1 month post-op, week 2

Date							
How many Loperamide pills did you take today?	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2
	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2
	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2
	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2
Did you take Loperamide 30 minutes before your meal?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Do you think it helped with your symptoms?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

LOPERAMIDE DIARY

1 month post-op, week 1

Date							
How many Loperamide pills did you take today?	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2	Morning 0 1 2
	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2
	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2	Evening 0 1 2
	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2	Before bed 0 1 2
Did you take Loperamide 30 minutes before your meal?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Do you think it helped with your symptoms?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

BOWEL TROUBLE DIARY

12 months post-op, week 2

Date							
Number of bowel movements							
Average stool consistency (Bristol)							
Time of symptoms (please circle)	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM	AM Noon PM
Number of incontinence episodes:	Gas	Gas	Gas	Gas	Gas	Gas	Gas
	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid	Mild liquid
	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid	Major liquid
	Stool	Stool	Stool	Stool	Stool	Stool	Stool
Did you have to rush to the toilet because of a sudden urge?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you have to go to the toilet twice, or more, in the same hour?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
What other symptoms did you have? (circle all that apply)	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying	Difficulty emptying
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps	Cramps
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating



DIET DIARY

1 month post-op, week 1

Date							
Bothersome symptom	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency
	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence
	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating
Possible troublesome food today: (please circle all that apply)	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits
	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables
	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food
	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets
	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Possible troublesome beverages today: (please circle all that apply)	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee
	Tea	Tea	Tea	Tea	Tea	Tea	Tea
	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Foods or beverages eliminated since last diary entry							

DIET DIARY

12 months post-op, week 2

Date							
Bothersome symptom	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency
	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence
	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating
Possible troublesome food today: (please circle all that apply)	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits
	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables
	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food
	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets
	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Possible troublesome beverages today: (please circle all that apply)	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee
	Tea	Tea	Tea	Tea	Tea	Tea	Tea
	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Foods or beverages eliminated since last diary entry							





DIET DIARY

12 months post-op, week 1

Date							
Bothersome symptom	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency
	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence
	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating
Possible troublesome food today: (please circle all that apply)	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits
	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables
	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food
	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets
	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Possible troublesome beverages today: (please circle all that apply)	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee
	Tea	Tea	Tea	Tea	Tea	Tea	Tea
	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Foods or beverages eliminated since last diary entry							

DIET DIARY

1 month post-op, week 2

Date							
Bothersome symptom	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency
	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence
	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating
Possible troublesome food today: (please circle all that apply)	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits
	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables
	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food
	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets
	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Possible troublesome beverages today: (please circle all that apply)	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee
	Tea	Tea	Tea	Tea	Tea	Tea	Tea
	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Foods or beverages eliminated since last diary entry							

DIET DIARY

3 months post-op, week 1

Date							
Bothersome symptom	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency
	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence
	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating
Possible troublesome food today: (please circle all that apply)	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits
	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables
	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food
	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets
	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Possible troublesome beverages today: (please circle all that apply)	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee
	Tea	Tea	Tea	Tea	Tea	Tea	Tea
	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Foods or beverages eliminated since last diary entry							

DIET DIARY

9 months post-op, week 2

Date							
Bothersome symptom	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency
	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence
	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating
Possible troublesome food today: (please circle all that apply)	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits
	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables
	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food
	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets
	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Possible troublesome beverages today: (please circle all that apply)	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee
	Tea	Tea	Tea	Tea	Tea	Tea	Tea
	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Foods or beverages eliminated since last diary entry							



DIET DIARY

9 months post-op, week 1

Date							
Bothersome symptom	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency
	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence
	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating
Possible troublesome food today: (please circle all that apply)	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits
	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables
	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food
	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets
	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Possible troublesome beverages today: (please circle all that apply)	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee
	Tea	Tea	Tea	Tea	Tea	Tea	Tea
	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Foods or beverages eliminated since last diary entry							

DIET DIARY

3 months post-op, week 2

Date							
Bothersome symptom	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency
	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence
	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating
Possible troublesome food today: (please circle all that apply)	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits
	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables
	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food
	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets
	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Possible troublesome beverages today: (please circle all that apply)	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee
	Tea	Tea	Tea	Tea	Tea	Tea	Tea
	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Foods or beverages eliminated since last diary entry							





DIET DIARY

6 months post-op, week 1

Date							
Bothersome symptom	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency
	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence
	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating
Possible troublesome food today: (please circle all that apply)	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits
	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables
	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food
	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets
	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Possible troublesome beverages today: (please circle all that apply)	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee
	Tea	Tea	Tea	Tea	Tea	Tea	Tea
	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Foods or beverages eliminated since last diary entry							

DIET DIARY

6 months post-op, week 2

Date							
Bothersome symptom	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency	Urgency
	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence	Incontinence
	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering	Clustering
	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation	Constipation
	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating	Bloating
Possible troublesome food today: (please circle all that apply)	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits	Fruits
	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables
	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food	Spicy Food
	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets	Sweets
	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts	Nuts
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Possible troublesome beverages today: (please circle all that apply)	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee	Coffee
	Tea	Tea	Tea	Tea	Tea	Tea	Tea
	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
Foods or beverages eliminated since last diary entry							

