

Patient Diaries

Low Anterior Resection Syndrome



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Office d'éducation des patients Patient Education Office

1 month post-op, week 1

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

LOPERAMIDE DIARY

12 months post-op, week 2

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



12 months post-op, week 1

Date							
	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
How many Loperamide	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon 0 1 2	Noon O 1 2	Noon 0 1 2
pills did you take today?	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 1 2	Before bed 0 1 2	Before bed 1 2	Before bed 0 1 2	Before bed 1 2	Before bed 0 1 2
Did you take Loperamide 30 minutes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
before your meal?	No	No	No	No	No	No	No
Do you think it helped	Yes	Yes	Yes	Yes	Yes	Yes	Yes
with your symptoms?	No	No	No	No	No	No	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						
Number of incontinence episodes:	Gas Mild liquid Major liquid Stool						
Did you have to rush to the toilet because of a sudden urge?	Yes No						
Did you have to go to the toilet twice, or more, in the same hour?	Yes No						
What other symptoms did you have?	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation
(circle all that apply)	Cramps Bloating						



3 months post-op, week 1

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

LOPERAMIDE DIARY

9 months post-op, week 2

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

9 months post-op, week 1

Date							
How many Loperamide pills did you take today?	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Noon O 1 2 Evening
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	Yes No	Yes	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						
Number of incontinence episodes:	Gas Mild liquid Major liquid Stool						
Did you have to rush to the toilet because of a sudden urge?	Yes No						
Did you have to go to the toilet twice, or more, in the same hour?	Yes No						
What other symptoms did you have?	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation
(circle all that apply)	Cramps Bloating						





6 months post-op, week 1

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

LOPERAMIDE DIARY

6 months post-op, week 2

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



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6 months post-op, week 1

Date							
How many Loperamide pills did you take today?	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Morning 0 1 2 Noon 0 1 2 Evening 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	Yes No	Yes	Yes	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						
Number of incontinence episodes:	Gas Mild liquid Major liquid Stool						
Did you have to rush to the toilet because of a sudden urge?	Yes No						
Did you have to go to the toilet twice, or more, in the same hour?	Yes No						
What other symptoms did you have?	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation
(circle all that apply)	Cramps Bloating						



9 months post-op, week 1

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

LOPERAMIDE DIARY

3 months post-op, week 2

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

3 months post-op, week 1

Date							
How many Loperamide pills did you take today?	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Noon O 1 2 Evening
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	Yes No	Yes	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						
Number of incontinence episodes:	Gas Mild liquid Major liquid Stool						
Did you have to rush to the toilet because of a sudden urge?	Yes No						
Did you have to go to the toilet twice, or more, in the same hour?	Yes No						
What other symptoms did you have?	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation	Difficulty emptying Constipation
(circle all that apply)	Cramps Bloating						





12 months post-op, week 1

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

LOPERAMIDE DIARY

1 month post-op, week 2

Date							
How many Loperamide pills did you take today?	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning 1 2 Noon 1 2 Evening 1 2 Before bed 1 2	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Morning 0 1 2 Noon 0 1 2 Evening 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

1 month post-op, week 1

Date							
How many Loperamide pills did you take today?	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Morning 0 1 2 Noon 0 1 2 Evening 0 1 2 Before bed 0 1 2	Morning O 1 2 Noon O 1 2 Evening O 1 2 Before bed O 1 2	Morning 0 1 2 Noon 0 1 2 Evening 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	Yes No	Yes	Yes	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						
Number of incontinence episodes:	Gas Mild liquid Major liquid Stool						
Did you have to rush to the toilet because of a sudden urge?	Yes No						
Did you have to go to the toilet twice, or more, in the same hour?	Yes No						
What other symptoms did	Difficulty emptying						
you have?	Constipation						
(circle all that apply)	Cramps						
	Bloating						

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1 month post-op, week 1

Date							
	Frequency						
D 4	Urgency						
Bothersome symptom	Incontinence						
зутрент	Clustering						
	Constipation						
	Bloating						
	Fruits						
Possible	Vegetables						
troublesome	Spicy Food						
food today:	Sweets						
(please circle all that apply)	Nuts						
απ τηστ αρριγή	Other:						
Possible	Coffee						
troublesome	Tea						
beverages today:	Alcohol						
(please circle all that apply)	Other:						
Foods or beverages eliminated since last diary entry							

DIET DIARY

12 months post-op, week 2

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





12 months post-op, week 1

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

DIET DIARY

1 month post-op, week 2

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

3 months post-op, week 1

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

DIET DIARY

9 months post-op, week 2

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







9 months post-op, week 1

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

DIET DIARY

3 months post-op, week 2

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





6 months post-op, week 1

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

DIET DIARY

6 months post-op, week 2

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



