

PATIENT DIARY



First name: Last name:

Date of birth: / /

BEFORE THE OPERATION

I received the information sheet Yes No

I understood the purpose of the care that I was going to have Yes No

Where applicable, I needed further oral information Yes No

Where applicable, I complied with the recommendation to stop smoking at least 3 weeks before my surgical intervention Yes No

Where applicable, I followed the instructions for physical preparation before my surgical intervention Yes No

Where applicable, I drank the product intended to improve my immune defences Yes No

Where applicable, I was able to drink all of the sugary drinks I was offered the day before Yes No

→ If no: I drank some of it..... I was not able to drink it

DAY OF THE OPERATION (AFTER RETURNING FROM THE SURGICAL 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 felt sick:

- Yes
- No

I have been sick:

- Yes
- No

I have started to sit:

- Between ½ and 1 hr
- + 2 hours

I have started to stand:

- Between ½ and 1 hr
- +2 hours

I have walked:

- Between ½ et 1 hr
- + 2 hours

On a scale of 1 to 10, my highest level of pain when moving is:



Groupe francophone de Réhabilitation
Améliorée après Chirurgie

DAY 1 AFTER THE OPERATION

I have been drinking:

- Often (1 litre)
- A little
- Nothing at all

I have been eating:

- Well (more than half of the meal)
- A little
- Nothing at all

I have felt sick:

- Yes
- No

I have been sick:

- Yes
- No

Daily plan – 3 meals:

- 1 meal
- 2 meals
- 3 meals

Daily plan - at least 6 hours out of bed and meals at the table:

I have been standing:

- 3 hours
- Between 3 and 6 hours
- + 6 hours

I have walked:

- 30 mins
- + 30 mins
- + 1 hour

→ If no, I have been sitting out of bed:

- for 6 hours
- + 6 hours
- I have not left the bed

On a scale of 1 to 10, my highest level of **pain when moving** is:



DAY 2 AFTER THE OPERATION

I have been drinking:

- Often (1 litre)
- A little
- Nothing at all

I have been eating:

- Well (more than half of the meal)
- A little
- Nothing at all

I have felt sick:

- Yes
- No

I have been sick:

- Yes
- No

Daily plan – 3 meals:

- 1 meal
- 2 meals
- 3 meals

Daily plan - at least 6 hours out of bed and meals at the table:

I have been standing:

- 3 hours
- Between 3 and 6 hours
- + 6 hours

I have walked:

- 30 mins
- + 30 mins
- + 1 hour

→ If no, I have been sitting out of bed:

- for 6 hours
- + 6 hours
- I have not left the bed

On a scale of 1 to 10, my highest level of **pain when moving** is:



DAY 3 AFTER THE OPERATION

I have been drinking:

- Often (1 litre)
- A little
- Nothing at all

I have been eating:

- Well (more than half of the meal)
- A little
- Nothing at all

I have felt sick:

- Yes
- No

I have been sick:

- Yes
- No

Daily plan – 3 meals:

- 1 meal
- 2 meals
- 3 meals

Daily plan - at least 6 hours out of bed and meals at the table:

I have been standing:

- 3 hours
- Between 3 and 6 hours
- + 6 hours

I have walked:

- 30 mins
- + 30 mins
- + 1 hour

→ If no, I have been sitting out of bed:

- for 6 hours
- + 6 hours
- I have not left the bed

On a scale of 1 to 10, my highest level of **pain when moving** is:



DAY 4 AFTER THE OPERATION

I have been drinking:

- Often (1 litre)
- A little
- Nothing at all

I have been eating:

- Well (more than half of the meal)
- A little
- Nothing at all

I have felt sick:

- Yes
- No

I have been sick:

- Yes
- No

Daily plan – 3 meals:

- 1 meal
- 2 meals
- 3 meals

Daily plan - at least 6 hours out of bed and meals at the table:

I have been standing:

- 3 hours
- Between 3 and 6 hours
- + 6 hours

I have walked:

- 30 mins
- + 30 mins
- + 1 hour

→ If no, I have been sitting out of bed:

- for 6 hours
- + 6 hours
- I have not left the bed

On a scale of 1 to 10, my highest level of **pain when moving** is:



DAY 5 AFTER THE OPERATION

I have been drinking:

- Often (1 litre)
- A little
- Nothing at all

I have been eating:

- Well (more than half of the meal)
- A little
- Nothing at all

I have felt sick:

- Yes
- No

I have been sick:

- Yes
- No

Daily plan – 3 meals:

- 1 meal
- 2 meals
- 3 meals

Daily plan - at least 6 hours out of bed and meals at the table:

I have been standing:

- 3 hours
- Between 3 and 6 hours
- + 6 hours

I have walked:

- 30 mins
- + 30 mins
- + 1 hour

→ If no, I have been sitting out of bed:

- for 6 hours
- + 6 hours
- I have not left the bed

On a scale of 1 to 10, my highest level of **pain when moving** is:



DAY 6 AFTER THE OPERATION

I have been drinking:

- Often (1 litre)
- A little
- Nothing at all

I have been eating:

- Well (more than half of the meal)
- A little
- Nothing at all

I have felt sick:

- Yes
- No

I have been sick:

- Yes
- No

Daily plan – 3 meals:

- 1 meal
- 2 meals
- 3 meals

Daily plan - at least 6 hours out of bed and meals at the table:

I have been standing:

- 3 hours
- Between 3 and 6 hours
- + 6 hours

I have walked:

- 30 mins
- + 30 mins
- + 1 hour

→ If no, I have been sitting out of bed:

- for 6 hours
- + 6 hours
- I have not left the bed

On a scale of 1 to 10, my highest level of **pain when moving** is:



DAY 7 AFTER THE OPERATION

I have been drinking:

- Often (1 litre)
- A little
- Nothing at all

I have been eating:

- Well (more than half of the meal)
- A little
- Nothing at all

I have felt sick:

- Yes
- No

I have been sick:

- Yes
- No

Daily plan – 3 meals:

- 1 meal
- 2 meals
- 3 meals

Daily plan - at least 6 hours out of bed and meals at the table:

I have been standing:

- 3 hours
- Between 3 and 6 hours
- + 6 hours

I have walked:

- 30 mins
- + 30 mins
- + 1 hour

→ If no, I have been sitting out of bed:

- for 6 hours
- + 6 hours
- I have not left the bed

On a scale of 1 to 10, my highest level of **pain when moving** is:



DAY 8 AFTER THE OPERATION

I have been drinking:

- Often (1 litre)
- A little
- Nothing at all

I have been eating:

- Well (more than half of the meal)
- A little
- Nothing at all

I have felt sick:

- Yes
- No

I have been sick:

- Yes
- No

Daily plan – 3 meals:

- 1 meal
- 2 meals
- 3 meals

Daily plan - at least 6 hours out of bed and meals at the table:

I have been standing:

- 3 hours
- Between 3 and 6 hours
- + 6 hours

I have walked:

- 30 mins
- + 30 mins
- + 1 hour

→ If no, I have been sitting out of bed:

- for 6 hours
- + 6 hours
- I have not left the bed

On a scale of 1 to 10, my highest level of **pain when moving** is:

