

Date	Pain Scale 0-10	Nausea Today	Today I ate	Number of cups (250 mL / 8 ounces) today	Number of nutritional drinks today
Day 0	Daily Average	Yes <input type="checkbox"/> No <input type="checkbox"/>	Goal: drink clear or full fluids as provided All <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Boost®/ Ensure® 2 times/day <input type="checkbox"/> <input type="checkbox"/>
Day 1	Daily Average	Yes <input type="checkbox"/> No <input type="checkbox"/>	Goal: Eat and drink full fluids and progress to normal diet All my food <input type="checkbox"/> 3/4 of my food <input type="checkbox"/> 1/2 my food <input type="checkbox"/> None of my food <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Boost®/ Ensure® 2 times/day <input type="checkbox"/> <input type="checkbox"/>
Day 2	Daily Average	Yes <input type="checkbox"/> No <input type="checkbox"/>	Goal: Eat and drink full fluids and progress to normal diet All my food <input type="checkbox"/> 3/4 of my food <input type="checkbox"/> 1/2 my food <input type="checkbox"/> None of my food <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Boost®/ Ensure® 2 times/day <input type="checkbox"/> <input type="checkbox"/>
Day 3	Daily Average	Yes <input type="checkbox"/> No <input type="checkbox"/>	Goal: Eat and drink full fluids and progress to normal diet All my food <input type="checkbox"/> 3/4 of my food <input type="checkbox"/> 1/2 my food <input type="checkbox"/> None of my food <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Boost®/ Ensure® 2 times/day <input type="checkbox"/> <input type="checkbox"/>
Day 4	Daily Average	Yes <input type="checkbox"/> No <input type="checkbox"/>	Goal: Eat and drink full fluids and progress to normal diet All my food <input type="checkbox"/> 3/4 of my food <input type="checkbox"/> 1/2 my food <input type="checkbox"/> None of my food <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Boost®/ Ensure® 2 times/day <input type="checkbox"/> <input type="checkbox"/>

Number of times I chewed gum today	Today I managed my Ostomy:	Today I walked or sat up:
Goal: Chew gum for 30 minutes at least 3 times/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> With a lot of help <input type="checkbox"/> With a little help <input type="checkbox"/> Independently	Goal: Be out of bed (sit at side of bed or in a chair for 10-15 minutes) I have been up or sat up: <input type="checkbox"/> Less than 15 minutes <input type="checkbox"/> 15 minutes or more
Goal: Chew gum for 30 minutes at least 3 times/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> With a lot of help <input type="checkbox"/> With a little help <input type="checkbox"/> Independently	Goal: Be out of bed at least 1-3 hours (sit in chair for all meals, walk 1 lap or more of the ward 3 times/day) I have been up or sat up: At meals: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner Number of times around ward
Goal: Chew gum for 30 minutes at least 3 times/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> With a lot of help <input type="checkbox"/> With a little help <input type="checkbox"/> Independently	Goal: Be out of bed at least 6 hours (sit in chair for all meals, walk at least 2-3 laps or more of the ward 3 times/day) I have been up or sat up: At meals: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner Number of times around ward
Goal: Chew gum for 30 minutes at least 3 times/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> With a lot of help <input type="checkbox"/> With a little help <input type="checkbox"/> Independently	Goal: Be out of bed at least 6 hours (sit in chair for all meals, walk at least 4 laps or more of the ward 2-3 times/day) I have been up or sat up: At meals: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner Number of times around ward
Goal: Chew gum for 30 minutes at least 3 times/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> With a lot of help <input type="checkbox"/> With a little help <input type="checkbox"/> Independently	Goal: Be out of bed at least 6 hours (sit in chair for all meals, walk at least 4 laps or more of the ward 2-3 times/day) I have been up or sat up: At meals: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner Number of times around ward