

C. diff Diary

Prepare for discussions with your doctor.

Record important information about your *C. diff* journey in this diary and take it to your appointments. Make sure to keep this diary in a safe place to protect your personal health information.

This diary should not replace your doctor's recommendations about your *C. diff* infection. As always, speak with your doctor about your condition and about what treatment is right for you.

This C. diff Diary is intended for US residents 18 years of age and older.

Print Your C. diff Diary

This diary is in standard PDF format. You may print either multiple copies of the full diary or specific pages only.

- **On a Mac**, select the "File" button at the top left of your computer screen. Scroll down to the "Print" option. When the print prompt pops up, select your printer and hit the "Print" button
- **On a PC**, select the "Print" option in the menu. Select your printer and click the "Print" button

Is it an emergency?

If you feel that you are in immediate distress or an emergency situation, call 911 now or visit the emergency room. Make sure to contact your doctor.

This C. diff Diary is not intended as a substitute for your doctor's care or advice.

Notes

Important Contact Information

List your healthcare providers to access help quickly and efficiently.

My Care Team

Primary Care Physician

Name _____

Phone Number _____

Email Address _____

Specialty Doctor (Example: Gastroenterologist)

Name _____

Phone Number _____

Email Address _____

My Emergency Contact

Name _____

Relationship to Me _____

Phone Number _____

Insurance Information

Always keep your insurance information on hand in case of an emergency.

Primary Insurance Info

Insurance Provider _____

Primary Insurance Holder Name _____

Member ID _____

Group Number _____

Plan Number _____

Phone Number _____

Notes

Notes

Hospital Stays

Record your history of hospitalizations and symptoms regarding *C. diff* and/or other severe conditions.

Hospital Stay 1

Date _____

Reason for Stay _____

Duration of Stay _____

Notes _____

Hospital Stay 2

Date _____

Reason for Stay _____

Duration of Stay _____

Notes _____

Hospital Stay 3

Date _____

Reason for Stay _____

Duration of Stay _____

Notes _____

C. diff Recurrences

Record your history of *C. diff* recurrences starting from the first recurrence. Record symptoms, their severity, and when they worsened and improved. These details will help your doctor provide the best possible treatment.

Recurrence 1

Symptom(s) Start Date _____

Symptom(s) End Date _____

Hospitalization Dates
(if applicable) _____

Symptom(s) _____

Overall Severity (circle
one - 1 is mild, 10 is severe) 1 2 3 4 5 6 7 8 9 10

Recurrence 2

Symptom(s) Start Date _____

Symptom(s) End Date _____

Hospitalization Dates
(if applicable) _____

Symptom(s) _____

Overall Severity (circle
one - 1 is mild, 10 is severe) 1 2 3 4 5 6 7 8 9 10

Recurrence 3

Symptom(s) Start Date _____

Symptom(s) End Date _____

Hospitalization Dates
(if applicable) _____

Symptom(s) _____

Overall Severity (circle
one - 1 is mild, 10 is severe) 1 2 3 4 5 6 7 8 9 10

Recurrence 4

Symptom(s) Start Date _____

Symptom(s) End Date _____

Hospitalization Dates
(if applicable) _____

Symptom(s) _____

Overall Severity (circle
one - 1 is mild, 10 is severe) 1 2 3 4 5 6 7 8 9 10

Notes

My Medications

Record all medications you are currently taking. Your doctor can help fill out this section.

NAME OF MEDICATION	WHAT IS IT FOR?	WHO PRESCRIBED IT TO ME?	HOW DO I TAKE IT? <small>Include how often you take the medication, dosage amount, and any other instructions you received from your doctor</small>	NOTES

Notes

Weekly Symptom Tracker

Record your symptoms of *C. diff* to help your doctor better understand your condition. Remember to fill out this log and take it to all appointments.

SYMPTOM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	NOTES
Diarrhea <i>Record number of times per day</i>								
Abdominal Cramps <i>Check off if you experience</i>								
Nausea/Vomiting <i>Check off if you experience</i>								
Fever <i>Check off if you experience</i>								
Rapid Heart Rate <i>Check off if you experience</i>								
Loss of Appetite <i>Check off if you experience</i>								
Bloated Abdomen <i>Check off if you experience</i>								
Blood or Pus in Stool <i>Check off if you experience</i>								
Fatigue <i>Check off if you experience</i>								
Other Symptoms								
Weight <i>Write down your weight each day. Try to weigh yourself at the same time each day.</i>								

Notes

Symptoms

Food & Hydration Tracker

If you can, try to replenish your body. Then, track your food and water intake using this log. This log can also help your doctor determine the severity of your condition.

MEALS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST							
LUNCH							
DINNER							
SNACKS							
WATER Fill in a circle for each 8-ounce glass of water	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Notes

Monthly Tracker

Record appointments, medications and their dosages, ER visits, symptoms, details about your physical and emotional state, and more to share with your healthcare providers.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Notes

Questions to Ask Your Doctor

Write down any important questions for your doctor below. Record their answers and any other notes on the right. Be sure to bring this diary to all appointments.

Notes

Notes



Microbiome
Therapeutics
Development

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