



PATIENT SYMPTOM DIARY

Use this symptom diary to help you manage side effects related to your immunotherapy. Please take a few minutes each day to complete this diary.





CIOSK

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PATIENT SYMPTOM DIARY

Use this symptom diary to help you manage side effects related to your immunotherapy. Please take a few minutes each day to complete this diary.

Keeping track of your symptoms is important and will help your healthcare team provide the best care for you.

Use the picture and chart below as a guide to track symptoms when you complete your diary.

If your symptoms are in the yellow or red rating, please contact your healthcare team (yellow rating) or go to the nearest emergency room (red rating).

HORMONES

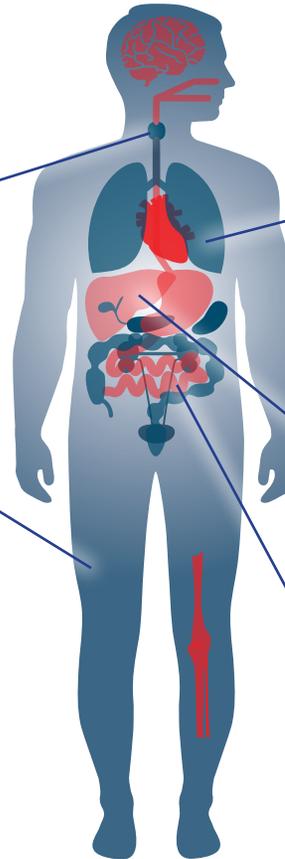
- Headache/Dizziness
- Fatigue
- Weight loss/gain
- Sensitive to hot/cold
- Heart palpitations

SKIN

- Rash
- Itching
- Mouth sores
- Blistered/peeling skin

OTHER

- Swelling
- Muscle or joint pain
- Muscle weakness



LUNGS

- Shortness of breath
- Chest pain
- New or worsening cough (with or without fever)

LIVER

- Dark, tea-coloured urine
- Yellowing of the whites of eyes
- Right-sided abdominal pain
- Easy bleeding/bruising

DIGESTION

- Frequent, watery stools
- Dark, tarry, or sticky stools
- Nausea/Vomiting
- Pain/Tenderness in abdomen

	RECORD & DISCUSS AT NEXT APPOINTMENT	CONTACT NURSE/HCP/ CANCER CENTRE	GO TO EMERGENCY ROOM
Skin	Redness; Flushing	No improvement with cream (24 hrs); itchy	
Digestion	2-3 bowel movements above normal	More than 2-3 bowel movements above normal	Blood (dark, tarry); mucus; abdominal pain
Liver		Right-sided abdominal pain	Yellowing in whites of eyes; dark or tea-coloured urine
Lungs		New cough	Sudden shortness of breath
Hormones		Increased fatigue	Chest pain; heart irregularities



PATIENT SYMPTOM DIARY

Your daily side effect tracker – keep track of your symptoms throughout the week here. To help you notice any changes, write down what is normal for you before starting treatment.

YOUR NAME: _____ **TREATMENT:** _____ **INFUSION DATE:** _____ **WEEK #:** _____

What's normal for me	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Skin My skin is _____ in colour/appearance	Write down any differences in the appearance of your skin:						
Bowel movements I usually have ___ bowel movements a day that are _____ consistency	Write down any changes in number or consistency of your bowel movements:						
Urine Colour of urine is normally _____	Write down any changes in urine colour:						
Breathing My breathing bothers me during activities _____	Write down any changes to your breathing. Any cough?						
Pain On a scale of 1-10 (10=severe), my pain is usually _____ and located _____; it lasts for _____	How painful? Where? How long? Describe the pain?						
Tiredness I usually sleep ___ a day	How many hours did you sleep today?						
Other I usually experience: _____	Write down anything else that is different from normal:						
New Medications Record your medications on the sheet provided.	Write down any new medications you took today:						

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