

My Health Diary

For patients undergoing cancer treatment

Please bring this each time you visit the Cancer Centre. Show your Care Team this book.

This diary can track 4 weeks of information. Get more copies at www.rvh.on.ca, or in the Cancer Centre waiting areas.

*Track your symptoms,
bloodwork results and
medications.*



Why you should use this booklet:

- Track how you are feeling during treatment
- Communicate with your Care Team about your symptoms
- Keep an organized record of your health

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Over-the-counter medications

These are medications that you can buy at a drug store without a doctor's note. For example: pain killers, antacids, allergy medications.

Medicine name	What is it for?	How much do I take?	How often?

Vitamins, supplements and natural remedies

Medicine name	What is it for?	How much do I take?	How often?

Are you thinking of or taking vitamins, supplements and natural remedies but are not sure if it's safe to take with your cancer drugs? Talk to your nurse or doctor.

Our dietitians at the Simcoe Muskoka Regional Cancer Centre are also here to help! Call 705-728-9090 x43520 for an appointment.



Date: <u>Month</u> <u>Day</u> Chemo Cycle Number: _____		What did you do to help?	What day did the sign/symptom happen?						
If you have:	Describe the sign/symptom:		MON	TUES	WED	THUR	FRI	SAT	SUN
Pain	Rate from 0 to 10 0 = no pain to 10 = worst pain you've ever had								
Tiredness	Rate from 0 to 10 0 = not tired at all to 10 = most tired you've ever been								
Sleep	Write NO on the days you did <u>not</u> sleep at night								
Nausea	Rate from 0 to 10 0 = not nauseous at all to 10 = most nauseous you've ever been								
Vomiting	Write number of times you vomited that day								
Loss of appetite	Rate from 0 to 10 0 = normal (good appetite) 10 = no appetite at all								
Diarrhea	Write number of times you had a bowel movement that day								
Constipation	Write NO on the days you did <u>not</u> have a bowel movement								
Temperature	If temperature above 38.3°C (or 100.9°F) OR Above 38.0°C or 100.4°F for at least one hour. GO TO YOUR NEAREST EMERGENCY. BRING FEVER CARD								
Numbness (feet/hands)	Write YES on the days you have numbness in your feet/hands								
Skin/nail changes	Write YES on the days you have skin/nail changes								
Sore throat/mouth	Write YES on the days you have a sore throat/mouth								
Emotional well-being	Use 😊 😐 😞 or a 0-10 scale to rate your well-being								

Need help with your symptoms? Call Triage Line 705-728-9090 x79565 or visit www.rvh.on.ca

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