

How to use your journal



Each day, fill in whatever information you have that fits into the categories described below. You should record your temperature every day.

This journal is organized by chemotherapy cycle, with each two-page spread covering a week. Don't worry if you run out of pages; you can always copy a blank page or ask your nurse for extra pages.

These are the categories included on the following pages, with direction on how to complete them (see example):

Blood Counts:

Write down the numbers your nurse gives you.

Date: The date the blood count was taken.

WBC: White blood count—total number of all white blood cells (leukocytes).

ANC: Absolute neutrophil count—the measurement of infection-fighting neutrophils.

Hb: Hemoglobin—measurement of the oxygen-carrying protein of red blood cells.

Plt: Platelets—total number of cells that help stop bleeding.

Date/Time/ Chemotherapy Cycle:

Fill in the date and time when you took your temperature. Your doctor has planned several cycles of chemotherapy for you, which will take place over a period of weeks. Also note here the number of your current chemotherapy cycle.

Temperature/Chills:

Use your thermometer to take your daily temperature. Try to take it at about the same time every day. Your doctor or nurse will tell you what time of day is best. Body temperatures vary and usually rise during the course of the day, peaking between 6:00 p.m. and 10:00 p.m. If your temperature is over 100.4°F (38°C), call your doctor or nurse immediately, because this can be a sign of infection. Also note, by writing "yes" or "no," whether you've had any chills. Chills and shaking often happen when your temperature is going up.

Side Effects:

If you experience any of the side effects below, write down the specific problem(s).

- Trouble breathing
- Cough or sore throat
- Bruising or bleeding
- Mouth sores, bleeding, or thick mucus
- Nausea or vomiting
- Diarrhea or constipation
- Change in urination
- Unusual vaginal discharge or itching
- Pain (tell where)
- Numbness or tingling
- Skin change, such as a cut, rash, or redness
- Change in energy or activities
- Confusion, depression, or anxiety
- Loss of appetite or increase in appetite
- Change in sleeping pattern
- Dizziness
- Other

For more information on these side effects, read your *Strong or Sure* brochure.

How Bad?

Use a scale of 0 to 10 to rate how bad the side effect is, with 0 meaning "none" and 10 meaning "as bad as you can imagine." Refer to the scale on the following pages to decide what number to enter.

What I Did:

If you tried to treat the problem, write down what you did (medication, bath, lotion, nap, etc).

Did It Help?

Note, by writing "yes" or "no," whether what you did to treat your problem worked.

Did I Call MD/RN?

Note, by writing "yes" or "no," whether you called your doctor or nurse and whom you spoke to.

MD/RN Instructions:

Write down what your doctor or nurse told you to do.

Other Comments:

Add anything else you want to remember to discuss.

Pages are included at the back for you to list any questions you want to remember to ask your doctor or nurse.

Week 1 Blood Counts:

Date: ___/___/___

WBC: _____

ANC: _____

Hb: _____

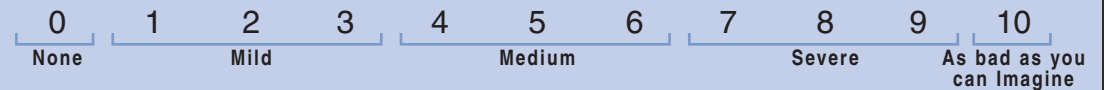
Plt: _____



Date/Time/ Chemotherapy Cycle	Temperature/ Chills	Side Effect(s)	How Bad?	What I Did	Did It Help?	Did I Call MD/RN?	MD/RN Instructions	Other Comments
Sunday (EXAMPLE) Date 12/21 Time 4:00 p.m. Cycle 1	101° Yes	Sore Throat Tired	8 9	Called doctor. Rested in the late afternoon.	Yes Yes	Yes Yes	Come to the office. Rest when you're tired and don't overdo!	Doctor drew blood, prescribed antibiotics, gave me acetaminophen, and reminded me about infection precautions.
Monday Date _____ Time _____ Cycle _____								
Tuesday Date _____ Time _____ Cycle _____								
Wednesday Date _____ Time _____ Cycle _____								
Thursday Date _____ Time _____ Cycle _____								
Friday Date _____ Time _____ Cycle _____								
Saturday Date _____ Time _____ Cycle _____								

How Bad Is Your Side Effect?

Use this scale to decide what number to enter in the "How Bad?" column.



Week 2 Blood Counts:

Date: ___/___/___

WBC: _____

ANC: _____

Hb: _____

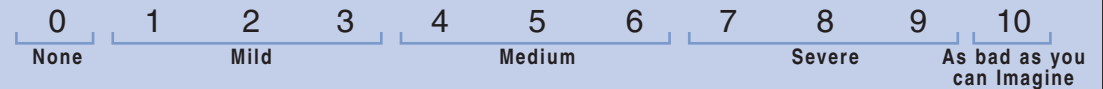
Plt: _____



Date/Time/ Chemotherapy Cycle	Temperature/ Chills	Side Effect(s)	How Bad?	What I Did	Did It Help?	Did I Call MD/RN?	MD/RN Instructions	Other Comments
Sunday Date _____ Time _____ Cycle _____								
Monday Date _____ Time _____ Cycle _____								
Tuesday Date _____ Time _____ Cycle _____								
Wednesday Date _____ Time _____ Cycle _____								
Thursday Date _____ Time _____ Cycle _____								
Friday Date _____ Time _____ Cycle _____								
Saturday Date _____ Time _____ Cycle _____								

How Bad Is Your Side Effect?

Use this scale to decide what number to enter in the "How Bad?" column.

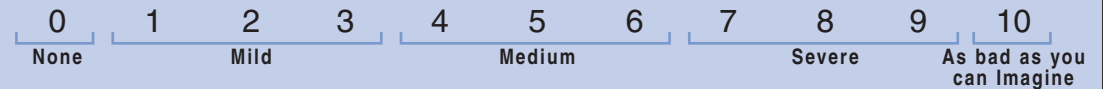




Date/Time/ Chemotherapy Cycle	Temperature/ Chills	Side Effect(s)	How Bad?	What I Did	Did It Help?	Did I Call MD/RN?	MD/RN Instructions	Other Comments
Sunday Date _____ Time _____ Cycle _____								
Monday Date _____ Time _____ Cycle _____								
Tuesday Date _____ Time _____ Cycle _____								
Wednesday Date _____ Time _____ Cycle _____								
Thursday Date _____ Time _____ Cycle _____								
Friday Date _____ Time _____ Cycle _____								
Saturday Date _____ Time _____ Cycle _____								

How Bad Is Your Side Effect?

Use this scale to decide what number to enter in the "How Bad?" column.



Week 4 Blood Counts:

Date: ___/___/___

WBC: _____

ANC: _____

Hb: _____

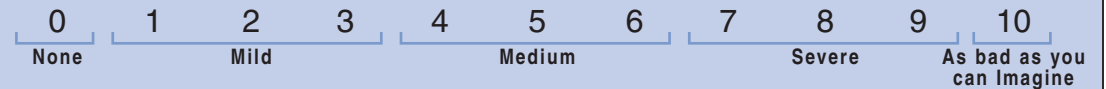
Plt: _____



Date/Time/ Chemotherapy Cycle	Temperature/ Chills	Side Effect(s)	How Bad?	What I Did	Did It Help?	Did I Call MD/RN?	MD/RN Instructions	Other Comments
Sunday Date _____ Time _____ Cycle _____								
Monday Date _____ Time _____ Cycle _____								
Tuesday Date _____ Time _____ Cycle _____								
Wednesday Date _____ Time _____ Cycle _____								
Thursday Date _____ Time _____ Cycle _____								
Friday Date _____ Time _____ Cycle _____								
Saturday Date _____ Time _____ Cycle _____								

How Bad Is Your Side Effect?

Use this scale to decide what number to enter in the "How Bad?" column.



Week 5 Blood Counts:

Date: ___/___/___

WBC: _____

ANC: _____

Hb: _____

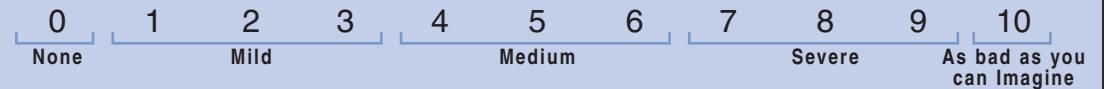
Plt: _____



Date/Time/ Chemotherapy Cycle	Temperature/ Chills	Side Effect(s)	How Bad?	What I Did	Did It Help?	Did I Call MD/RN?	MD/RN Instructions	Other Comments
Sunday Date _____ Time _____ Cycle _____								
Monday Date _____ Time _____ Cycle _____								
Tuesday Date _____ Time _____ Cycle _____								
Wednesday Date _____ Time _____ Cycle _____								
Thursday Date _____ Time _____ Cycle _____								
Friday Date _____ Time _____ Cycle _____								
Saturday Date _____ Time _____ Cycle _____								

How Bad Is Your Side Effect?

Use this scale to decide what number to enter in the "How Bad?" column.



Week 6 Blood Counts: Date: ___/___/___ WBC: _____

NOTE: If you need more pages, copy this one before you write on it.
 ANC: _____ Hb: _____ Plt: _____



Date/Time/ Chemotherapy Cycle	Temperature/ Chills	Side Effect(s)	How Bad?	What I Did	Did It Help?	Did I Call MD/RN?	MD/RN Instructions	Other Comments
Sunday Date _____ Time _____ Cycle _____								
Monday Date _____ Time _____ Cycle _____								
Tuesday Date _____ Time _____ Cycle _____								
Wednesday Date _____ Time _____ Cycle _____								
Thursday Date _____ Time _____ Cycle _____								
Friday Date _____ Time _____ Cycle _____								
Saturday Date _____ Time _____ Cycle _____								

How Bad Is Your Side Effect?

Use this scale to decide what number to enter in the "How Bad?" column.

