

CHEMOTHERAPY PATIENT INFORMATION

This leaflet contains information you may find useful throughout your treatment. It also contains sections you may wish to use to make a note of any questions you want to ask, record any side effects you may experience and keep a track of your treatment.

This booklet has been developed in collaboration by the Wales Cancer Network and the All Wales Systemic Anti Cancer Therapy (SACT) Nursing Forum.

Production was funded by an educational grant from the Association of British Pharmaceutical Industry (ABPI)

This booklet is available in Welsh and English.
Please let us know which version you would like

About You

This section is for information about you that may be needed by your doctor or nurse. This is for you to fill in. Please ask if you are not sure.

Your details:

(Use Addressograph if available)

Name:
Hospital number:
NHS number:
Date of birth:

Consultant:

Do you have any allergies?

 No Yes

List anything you are allergic to:

Next of Kin:

Name:

Relationship:

Contact numbers: Home.....

Mobile.....

Emergency contact: (If different to above)

Name:

Contact numbers: Home.....

Mobile.....

Specialist Nurse/Key Worker:

Name:

Contact numbers:

This space is for other useful contact details:

About your treatment:

Your doctor or nurse will give you information about your treatment. If you haven't received any information then please ask.

Name of your treatment:.....

Type of treatment:

Chemotherapy

Immunotherapy

Targeted Treatment

Is your treatment a part of a Trial: No Yes

If yes please complete details below

Trial Name:

Trials Nurse:

Contact numbers:

Your treatment plan

Your doctor or nurse will discuss your treatment plan with you. Examples of questions that you may want to ask are:

How many treatments will I be given?

How often is the treatment given?

Will I have any other tests?

This space is for you to write any other questions:

What is chemotherapy?

The word chemotherapy comes from two words – chemical and therapy. It is a drug treatment given to destroy cancer cells. The type of chemotherapy you receive will depend on the type of cancer you have.

Chemotherapy works by destroying cells which are growing and dividing. Cancer cells are constantly growing and dividing so they are more affected by the chemotherapy than healthy cells. However, chemotherapy can also damage some healthy cells.

Chemotherapy can be given in several different ways. The most usual methods are:

- By injection into a vein or under the skin.
- By mouth as a tablet or liquid
- Via a small pump which delivers the chemotherapy into a vein through a fine tube called a PICC or Hickman line. The pump is carried in a small bag worn around the waist.

Depending on your treatment it can be given at various intervals ranging from daily, weekly, every two to three weeks or continuously.

Not all cancer drug treatments are chemotherapy. You will receive separate information about these if you are on such a treatment.

Agreeing to have chemotherapy treatment

When we discuss chemotherapy with you, we will explain the risks and benefits. You can ask any questions you have about the treatment. Chemotherapy can only be given with your agreement. We will ask you to sign a consent form. You can choose to stop treatment at any time. Please talk to your cancer team if you have any questions or worries.

Benefits of treatment

The benefits of chemotherapy treatment depend on the type of cancer you have and how advanced it is.

The aims of treatment may be:

- To cure the cancer by destroying all of the cancer cells.
- To reduce the chances of cancer coming back by destroying any cancer cells that are still in the body but are too small to detect.
- To reduce the size of the cancer before surgery or radiotherapy.
- To control the growth and spread of the cancer to relieve possible symptoms.

Your doctor or nurse will discuss with you what the aim of your treatment is.

How To manage common side effects of chemotherapy

How chemotherapy affects your blood cells

There are three main types of blood cells-white cells, red cells and platelets The number of all of these can be lowered by chemotherapy.

White blood cells:

White blood cells defend you against infection. Most chemotherapy drugs lower your ability to fight infection. This is because they lower the number of white blood cells in your body

Red blood cells:

If your red cells become low you may look pale and feel very tired, short of breath or have headaches. If you have any of these symptoms please tell your medical team, or the nurse looking after you, as you may need to have a blood transfusion.

Platelets:

These help prevent bleeding. If they are low you may notice bleeding from your nose or gums, you might bruise more easily or you might develop a pin prick rash, often seen on arms or legs.

If you notice any of those symptoms please let your specialist cancer team know as you may need a platelet transfusion. You will have regular blood tests whilst undergoing treatment; so that we can support you as much as possible. Please tell your hospital team if you do not wish to receive a transfusion.

Infection

Picking up an infection whilst your blood counts are low may be very serious. This does not mean that you need to hide away from other people, but it would be sensible to avoid close contact with those who have obvious signs of infection; such as flu, coughs, colds, chicken pox, stomach bugs etc.

Your healthcare team may advise you to monitor your temperature whilst you are on chemotherapy, and until your blood counts are fully recovered afterwards. Please follow the advice on your alert card about reporting any signs of infection and any high or low temperatures.

Washing your hands thoroughly and regularly, especially after going to the toilet or before preparing food, is also important. This will help to reduce the risk of infections; as will good food hygiene. (A separate leaflet may be provided on food preparation and storage.)

If you develop **any** of the following symptoms whilst on chemotherapy and during recovery please ring the telephone numbers provided on your Chemotherapy Alert Card:

- A temperature above **37.5°C** on 2 occasions 30 minutes apart, or 1 reading of **38.0°C**
- A temperature below **35.5°C**
- Feeling shivery or shaky.
- Flu like symptoms, chesty cough or any other signs of infection
- Unusual bruising, bleeding or rashes.
- If you have more than 4 episodes of diarrhoea in a 24 hour period or believe you may have a stomach bug.
- A sore mouth or mouth ulcers that prevent you from eating or drinking.

Phone the number on your alert card straight away if you suspect an infection. Infection following chemotherapy can be fatal and any delay in receiving treatment may put your life at risk.

Stomach and bowel changes

Sometimes chemotherapy drugs may cause changes to your normal bowel habits. You may experience diarrhoea or constipation, nausea (feeling sick) and vomiting (being sick). If any of these become a problem please do speak to your healthcare team as they are usually easy to resolve.

Constipation

Some cancer treatments may cause constipation which is made worse if you are not drinking enough or not moving around as much as you normally would be. If you have not had a bowel movement for 2-3 days you should let your doctor or nurse know; unless this is normal for you. The following advice may also be helpful:

- Try to drink 2-3 litres of fluid a day. This is about 3.5 pints.
- Gentle exercise can be helpful in keeping your bowels moving.
- Increasing your intake of fruit and fruit juices can also help restore a normal bowel pattern.
- Unless advised otherwise increasing your fibre intake may also keep your bowels regular. Fibre can be found in cereals such as porridge or muesli, fresh fruit, vegetables, wholemeal bread and pasta.

If changing your diet does not restore a normal bowel pattern you may need to take laxatives to help.

Diarrhoea

Some cancer treatments may cause diarrhoea. If you get diarrhoea we may need to take a stool sample before we can give you any medicine to relieve it. This is to rule out an infection in your gut.

The following advice may also be helpful:

- Drink plenty of fluids to replace the water lost with the diarrhoea. (avoid caffeine and alcohol).
- Eat smaller amounts of food more regularly.
- Eat more slowly than normal to aid digestion.
- Whilst you have diarrhoea avoid spicy or fatty foods, dairy products and eat less high fibre foods (such as cereal, fruit and vegetables)

Some chemotherapy drugs are known to cause diarrhoea. If we know that this is going to apply to you, you will be given specific instructions and a supply of tablets to take if needed.

Feeling sick and being sick

Not all chemotherapy drugs will make you feel sick, or be sick. If we use drugs that might cause sickness we will always give you anti-sickness medication before your chemotherapy and for a few days afterwards.

Improvements in anti-sickness drugs mean that many patients do not feel sick at all. If you still feel sick after chemotherapy please let your healthcare team know. There are many different types of anti-sickness drug we can use which may be more helpful for you.

If you are being sick and it does not get better with the anti-sickness medication you have been given, phone the number on your chemotherapy alert card for advice.

Some hospitals may also be able to offer services such as hypnotherapy and acupuncture to help manage any symptoms of nausea or vomiting. Speak to a member of your nursing team and they may be able to refer you.

The following advice may also be helpful:

- Eat little and often. Try not to go too long without food as an empty stomach can make you feel worse.
- Eat plain foods. avoiding food that is strong smelling, fatty or greasy.
- Sip fluids through a straw. Fizzy drinks can also settle the stomach.
- Cold or salty foods such as crackers or crisps may be easier to eat than hot or sweet food.

Tiredness

Feeling tired is probably the most common side effect of chemotherapy. However fatigue is a more extreme version of this and is not usually helped by just having a good night's sleep. It can affect your everyday life and make it hard to concentrate or do even the most simple of tasks. This is sometimes referred to as 'chemo brain' and is very common. Sometimes tiredness can be eased by having a blood transfusion if you are anaemic, or improving your food intake if your appetite has been poor. It is always worth speaking to your doctor or nurse to see if they can help you.

The following advice may also be helpful:

- Plan important tasks for a time when you are at your best and have the most energy. Break them down into small, manageable chunks
- Try to do a little light exercise, such as a gentle walk, every day as this may make you feel less tired
- A regular sleep routine may also help
- Delegate! Friends, family, colleagues may be keen to help but not know what you need. Let them share the burden

If you are extremely tired (for example sleeping more than half of the day and not having enough energy to even get washed or dressed) please contact the number on your chemotherapy alert card for advice.

Mouth care

Chemotherapy can cause mouth problems and cause your mouth to become more sensitive.

The side effects of chemotherapy can include:

- Soreness and development of ulcers
- Mouth infections
- A dry mouth
- Bleeding gums

The following guidance may be helpful:

- Brush your teeth regularly with fluoride toothpaste (after meals and before going to bed) to help prevent infections. Haematology patients may be advised to use a soft toothbrush because of the risk of bleeding gums.
- If you wear dentures, you should brush them in the evening and after eating. They should be soaked overnight in water and you should use a sterilising solution daily to disinfect them.

- Mouthwashes, protective gels and/or painkillers may be used to ease discomfort
- Drink plenty of unsweetened fluids to keep your mouth moist. You may also find it helpful to rinse your mouth with salt water. Dissolve one level teaspoon in 500mls of warm water, rinse your mouth then spit out. If you do not like to use salt you can do this with fresh water.
- It is important to see your dentist before you start your chemotherapy so they can advise on any problems and help reduce the risk of infection. The section called 'Advice for Health Care Professionals' contains advice for dentists on what procedures can be carried out during your treatment. They will be able to discuss your requirements with your specialist team.

Appetite

During your cancer treatment you may lose your appetite because you feel sick, are too tired to eat or because chemotherapy can cause things to taste different. In this instance you could try the following:

- Eat small, more frequent meals and snacks instead of three big meals a day.
- Keep snacks handy to eat whenever you can. You may find that you have good days and bad days. Make the most of good days and treat yourself to your favourite foods.

If you find you have lost your appetite and you are concerned about weight loss please talk to your doctor or nurse who can offer you further advice. They may suggest you are seen by a dietician who can offer you nourishing drinks that can be used to replace small meals.

Alternatively you may find some medications, such as steroids, may give you a bigger appetite than usual. When on chemotherapy most dieticians recognise that you require extra calories to help fight off infections or the disease itself. They may not normally recommend a weight loss programme. However they may be able to talk to you about following a healthy eating plan to avoid further weight gain.

Ask your nurse about further information about leaflets available from your local dietician or from Macmillan Cancer Support.

Your hair

Some chemotherapy drugs may cause hair loss. This varies from thinning to complete hair loss. Occasionally the treatments may also affect eyebrows, eyelashes, nasal hair, beard, moustache and body hair. Your hair will grow back after you have finished treatment. You may even notice some new growth during your treatment. Hair may grow back a slightly different colour and texture.

If your treatment causes hair loss we will tell you how much hair loss to expect. Hair loss usually starts 2 – 4 weeks after your first treatment. Occasionally it may be sooner, and for some people it will be later.

Looking after your hair

If your hair does not fall out, treatment can still make it dry and brittle. There are some simple steps you can take to help look after your hair:

- Use a mild shampoo (not baby shampoo)
- Use lukewarm not hot water to wash your hair
- Try not to wash your hair too often
- Pat your hair dry gently with a soft towel
- Be gentle when combing or brushing your hair
- Avoid hot hairdryers, heated rollers and hair tongs
- Avoid using chemicals such as perms or colours
- Avoid tying your hair back tightly, use soft hair bobbles

Scalp cooling

Scalp cooling can be used for **some** chemotherapy treatments to prevent or minimise hair loss. If scalp cooling can be used with your treatment we will discuss this with you.

If you have hair loss:

You should minimise exposure to the sun. Wear a hat and sunscreen if you go out in the sun. Use a mild moisturiser if your head becomes dry or tender

Please speak to your nurse if you would like information about the choice of head coverings and wigs.

Care in the sun

Some chemotherapy drugs can make your skin more sensitive to the sun. If you are being prescribed one of these drugs we will tell you to take some special precautions. These include reducing the time you are in the sun, staying in the shade wherever possible, wearing a hat and using a high factor sun cream.

Skin and tissue damage

Some chemotherapy drugs which are given in a drip or by injection into a vein may damage the skin and surrounding area if they leak outside of your vein. This is known as extravasation. It is extremely rare but it is important that you tell us immediately if you notice any pain, swelling or burning at the site of the drip. If this occurs whilst the chemotherapy is being given, tell your nurse. If you notice pain, swelling or redness when you're at home please contact us using the 24 hour helpline number on your alert card.

Risk of blood clots

Cancer can increase your risk of developing a blood clot (thrombosis), and having chemotherapy may increase this risk further. It is important to tell your doctor immediately if you have symptoms such as pain, redness and swelling in your leg or arm. If you develop any new or worsening symptoms of breathlessness or chest pain this may be caused by a blood clot – you should call 999.

Blood clots can be very serious. However, most clots can usually be successfully treated with drugs to thin the blood. Your doctor or nurse can give you more information.

Side effects of steroid tablets

Many patients being treated with chemotherapy will also be given steroid tablets. These may be used in several different ways:

- Given for a few days after chemotherapy to prevent sickness.
- Started before chemotherapy to prevent reactions to chemotherapy.
- Given as a part of your cancer treatment.

The most commonly used steroid tablets are dexamethasone or prednisolone.

When taking these tablets you may notice:

- A temporary increase in appetite.
- Indigestion.
- Mood swings, irritability and difficulty in sleeping.
- Feeling much more thirsty and passing a larger amount of urine than usual. This may be a sign of an increase in your blood sugar levels which if left untreated could make you very drowsy, weak and unwell. If you are diabetic this may be a particular problem.

If you are a diabetic please talk to us about how to manage your blood sugar levels when taking steroid tablets.

If you have severe problems with indigestion, mood swings or if you notice any of the signs of an increased blood sugar level you should contact the 24 hour helpline number for advice.

To reduce the possibility of side effects you will be given only a short course of steroid tablets (usually 3–5 days). If you are having steroid tablets for longer you will be given separate information about long term steroids. We advise that you should take steroids after food to reduce the risk of indigestion. Avoid taking steroids after 2pm to reduce the risk of difficulty in sleeping.

Chemotherapy Safety & Hygiene information

Small amounts of chemotherapy may be present in your body fluids (blood, urine and vomit) for several days after your treatment. Although the risk of harm is very low, it is important to protect others from contact with chemotherapy. We advise that you flush the toilet immediately after use and wash your hands thoroughly. You should wear rubber gloves if body fluids are spilled or handled.

Having chemotherapy treatment should not prevent you from having close contact with your family and friends. This includes kissing and cuddling.

Effects of Chemotherapy on your sex life

During chemotherapy there may be times when side effects such as tiredness or sickness will reduce your sex drive. Remember that most side effects from chemotherapy that may affect your sex life will gradually wear off once your treatment is finished.

There is no medical reason to stop having sex at any time during your course of chemotherapy. It is perfectly safe, and the chemotherapy drugs themselves will have no long-term physical effects on your ability to have and enjoy sexual activity.

Cancer cannot be passed on to your partner during sex and it won't make the cancer worse.

We do recommend the use of a condom for all sexual activity for at least the first few days after chemotherapy. This should protect your partner from the possibility that there may be very small traces of chemotherapy in your body fluids.

Pregnancy and fertility

It is important that you do not become pregnant or father a child during your course of chemotherapy treatment, or for at least twelve months after treatment. This is because chemotherapy can harm an unborn child. The effectiveness of the contraceptive pill can be reduced in people having chemotherapy so should not be relied upon as the only method of contraception.

Breastfeeding during chemotherapy is not advised as the drugs could be passed to a baby through breast milk.

Some chemotherapy treatment may make you infertile. This may be temporary or it may be permanent. It can help to talk through any concerns about this with your doctor or specialist nurse.

Vaccinations:

Flu vaccinations

All patients receiving chemotherapy are at risk from flu. Flu immunisation is recommended if you will be receiving chemotherapy during the autumn and winter. Ideally you should be vaccinated 7–10 days before your chemotherapy treatment starts. The immunisation may not be as effective if you have already started chemotherapy because your immune response may be lowered. This reduces your body's ability to form the antibodies needed to protect you from flu.

If you are vaccinated during a course of chemotherapy, this should be done when your white cell count is at a normal level. You should avoid being vaccinated when your white cell count is low because you may develop a raised temperature. This could be confused with a fever, caused by infection, and could result in unnecessary hospital treatment. Please check with your specialist cancer team about when the best time is to have a flu vaccination.

Shingles vaccine

The shingles vaccine is only given to people aged between 70 and 79 years. It is recommended for patients who are going to start chemotherapy but it must be given at least 2 weeks but ideally 4 weeks before starting treatment. It cannot be given after chemotherapy has started, or for at least 6 months after treatment, as it is a live vaccine. Please check with your cancer specialist team about whether you should have this vaccine

Other vaccines

You should not have any live vaccines while you are having chemotherapy and for at least 6 months afterwards. Examples of live vaccines include:

- MMR (the triple vaccine for measles, mumps and rubella)
- BCG (tuberculosis)
- Shingles
- Yellow fever

Please check with your cancer specialist team before having any of these vaccines.

You should avoid close contact with children who have had the nasal flu vaccine for 2 weeks as this is a live vaccine.

General cancer information and support

Being told you have cancer and going through cancer treatment can be a very difficult and puzzling time. You will probably have many questions and may need extra help and support. You may have concerns about;

- Physical symptoms
- Your emotions
- Financial problems caused by your cancer
- Support for your family, friends or carers

Please talk to your specialist nurse, doctor or key worker if you have any questions or concerns. They will be able to answer most of your questions and also tell you about the range of support services available in your area.

We have provided some useful phone numbers and websites for organisations which support cancer patients and their family /friends

Useful phone numbers:

Macmillan Freephone Support Line **0808 808 0000**
Monday–Friday 9am -8pm

Tenovus Freephone Cancer Support Line **0808 808 1010**
7 days a week 8am – 8pm

Useful websites:

Cancer Research UK www.cancerresearch.org.uk

Healthtalkonline www.healthtalkonline.org
(personal experiences of health and illness)

Macmillan Cancer Support www.macmillan.org.uk

Tenovus www.tenovus.com

Advice for Health Care Professionals:

This section is for you to show to your GP, dentist or any other Health Care Professional that you may come into contact with whilst you are undergoing chemotherapy treatment. It will give them guidance on who and when, to ask for advice; particularly if your blood counts are likely to be low. Please take this, along with your Chemotherapy Alert Card, to any hospital, GP or dental appointments.

Thank you.

GP Practices

Risk of sepsis: As a result of their treatment this patient's bone marrow may be suppressed and their immune system compromised. They are at increased risk of sepsis. If they present to you unwell, with signs and symptoms of an infection please contact their specialist team for advice and ensure immediate admission to hospital for assessment. Please ask to see their Chemotherapy Alert Card for contact details and a list of any symptoms that may be of particular concern.

Medication queries: Systemic anti cancer treatment should only be initiated by the specialist cancer team. Please note that systemic anti-cancer therapy can have significant interactions with other medication. If you have any queries regarding medication or any other treatment related issues please refer to the contact details at the front of this folder.

Vaccines: Live vaccines should be avoided whilst on chemotherapy treatment and for at least 6 months afterwards. Each specialist area will have its own vaccination protocol which would need to be adhered to. Patients will, however, be advised to have the flu vaccine ideally prior to treatment or at a point in their treatment when their neutrophil count has recovered.

For advice regarding any vaccinations post bone marrow transplant please liaise with the individual transplant team.

Dentists:

Invasive procedures should be avoided unless essential; because of the risk of infection and bleeding due to a low blood count. Emergency dental care may be carried out at a local dental hospital; with platelet cover if required and prophylactic antibiotics.

Urgent dental work should be done, wherever possible, prior to starting chemotherapy. Patients are encouraged to have a routine check up before starting chemotherapy. Routine checkups can be carried out in between rounds of treatment; when the patients' blood counts have recovered and before having further chemotherapy.

Other Health Care Professionals:

Depending on your role you may be involved in administering oral or subcutaneous chemotherapy, caring for the patient's central line or handling bodily fluids. The following advice may be useful:

- If administering oral chemotherapy please use a non-touch technique, wear gloves, check the dose with the prescription, do not divide, break, crush or hide in food. If the patient vomits after taking oral chemotherapy the dose should not be repeated; the hospital should be contacted for a review of the patient's anti-emetics
- If required to administer subcutaneous chemotherapy written information should be provided. Please wear an apron and gloves. Administer in the abdomen, tops of the arms or tops of the legs and rotate the sites. Some subcutaneous chemotherapy may cause skin irritation. Please monitor and raise any concerns with the specialist team
- If accessing the patient's central line please adhere to the referring hospital's guidelines. Ensure thorough hand hygiene, wear an apron and gloves and use an Aseptic Non Touch Technique. If the patient rigors shortly after having their line flushed please check their temperature and contact the telephone number on their Chemotherapy Alert Card
- Traces of chemotherapy may remain in a patient's bodily fluids for up to 7 days post administration. Please wear an apron and gloves to protect yourself when handling urine, vomit, sputum or faeces

For advice on issues not covered by this brief guidance please contact the patient's medical or nursing team using the contact number on the chemotherapy alert card, or the number at the front of this booklet. Thank you.

My diary of side effects

You may find it useful to keep a diary of any side effects you have. This will help you to clearly explain to your specialist team at your next review what side effects you had, and how long they lasted.



If you have side effects please follow the information on your alert card about when to contact us.

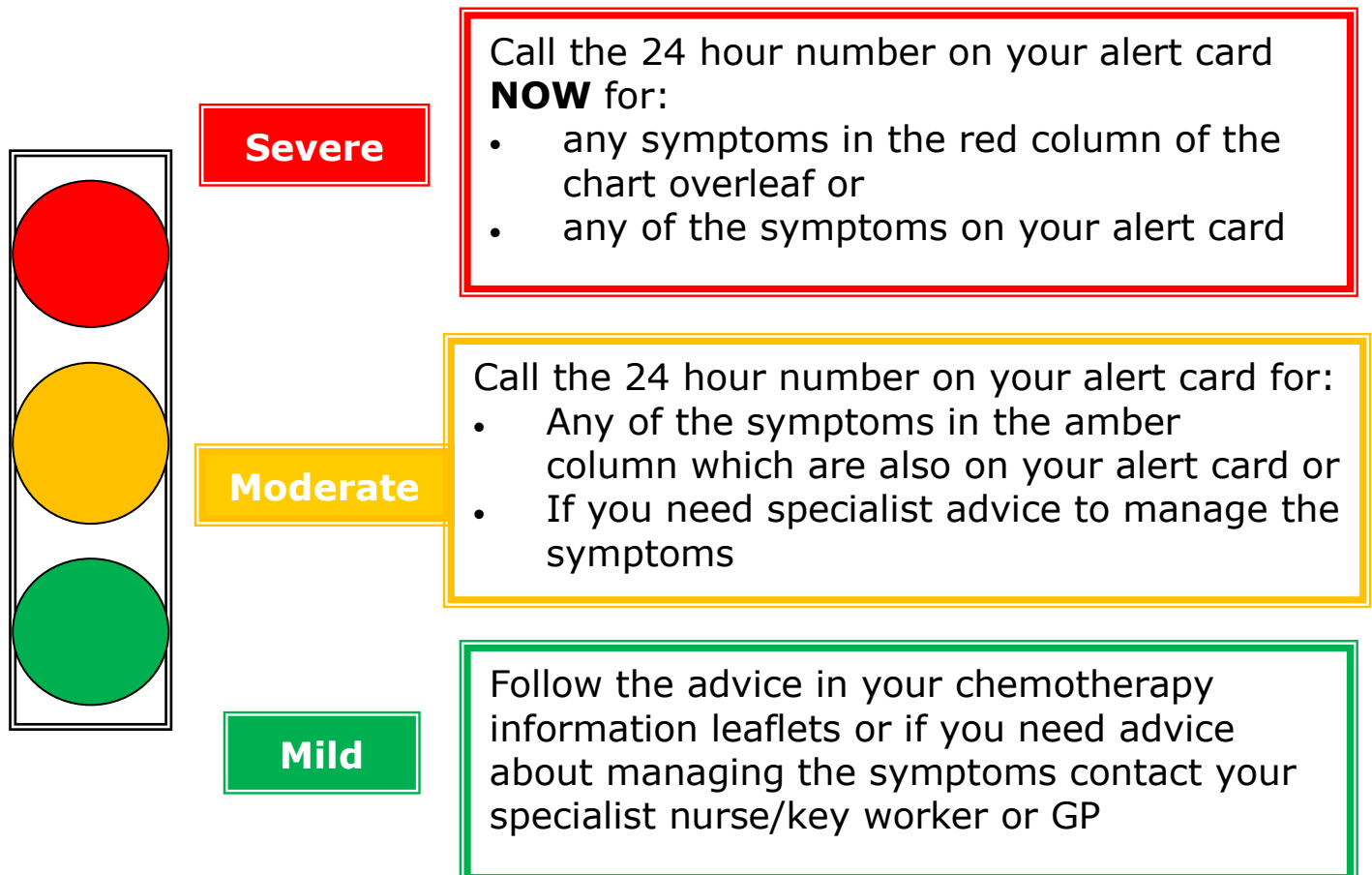
Some side effects if not treated quickly can become life threatening.

Most side effects from chemotherapy are short lived and can be easily managed following advice from your specialist cancer team. Side effects which are reported early are usually much easier to treat.

What to do if you get any side effects:

This will depend on how severe they are. Side effects can be described as mild, moderate or severe. We have used the traffic light colours to highlight the severity of symptoms and the actions you should take:

If you have chest pain or difficulty breathing CALL 999





















Level of chemotherapy symptoms;

0 = none or no more than usual

	1 = Mild	2 = Moderate	3 = Severe
Tiredness	More tired than usual but better after a rest	Tired most of the time; unable to do as much as usual	Very low energy, too tired to do almost anything
Feeling sick	Feeling sick; but able to eat and drink as usual	Feeling sick; eating and drinking less than usual	Feeling very sick: Eating or drinking little or nothing
Vomiting	Vomiting 1-2 times in one day	Vomiting 3-5 times in one day	Vomiting 6-10 times in one day
Mouth soreness	Mild soreness: able to eat and drink as normal	Moderate soreness: some foods more difficult to eat	Very sore mouth; eating drinking little or nothing
Diarrhoea	Up to 3 bowel motions more than normal for me in one day	4-6 bowel motions more than normal for me in one day	7 or more bowel motions more than normal for me in one day
Diarrhoea (with colostomy)	Mild increase in loose motions compared with before treatment	Moderate increase in loose/watery motions compared to before treatment	Severe increase in loose/ watery motions compared to before treatment
Constipation	No bowel motion for 1 day longer than normal	No bowel motion for 2 days longer than normal	No bowel motion for 3 days longer than normal or with severe stomach pain
Rash	Small area of rash	Rash covering up to a third of my body, may be itchy or painful	Painful or itchy rash covering a large area of my body
Hand & feet skin changes	Some redness/dryness but not painful	Redness or cracking or swelling with pain; more difficult to do some normal activities	Very painful blistering or swelling; unable to carry out many normal activities
Hand & feet Numbness or tingling	A bit of tingling or numbness-does not affect what I can do	Tingling or numbness for more than a week: more difficult to do some normal activities	Constant tingling or numbness: unable to carry out many normal activities
Pain	Mild pain	Moderate pain: more difficult to do some normal activities	Severe pain; unable to carry out many normal activities

Week starting ____/____/____

Use the descriptions on the level of chemotherapy symptoms page to complete this chart. Score any symptoms you may have each day.






















	0 = none (or no more than usual)	1 = Mild	2 = Moderate	3 = Severe				
Date:	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	
Chemo treatment day ✓(tick)								
Tiredness								
Feeling sick								
Vomiting								
Mouth soreness								
Diarrhoea								
Constipation								
Rash								
Hand & feet; skin changes								
Hand & feet; Numbness or tingling								
Pain								
Overall I feel								
								
								

Other symptoms not listed / Notes for this week:

Week starting ____/____/____

Use the descriptions on the level of chemotherapy symptoms page to complete this chart. Score any symptoms you may have each day.






















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Overall I feel							
							
							

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Chemo treatment day ✓(tick)							
Tiredness							
Feeling sick							
Vomiting							
Mouth soreness							
Diarrhoea							
Constipation							
Rash							
Hand & feet; skin changes							
Hand & feet; Numbness or tingling							
Pain							
Overall I feel	  	  	  	  	  	  	  

Other symptoms not listed / Notes for this week:

Week starting ____/____/____

Use the descriptions on the level of chemotherapy symptoms page to complete this chart. Score any symptoms you may have each day.

0 = none (or no more than usual)	1 = Mild	2 = Moderate	3 = Severe
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Rash								
Hand & feet; skin changes								
Hand & feet; Numbness or tingling								
Pain								
Overall I feel	😊	😊	😊	😊	😊	😊	😊	😊
	😐	😐	😐	😐	😐	😐	😐	😐
	😞	😞	😞	😞	😞	😞	😞	😞

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