



Cancer Symptom and Function Log

Cancer affects each person differently. After you receive a cancer diagnosis, you may need to manage one or more of the following symptoms:

- Trouble sleeping
- Anxiety
- Depression
- Pain
- Fatigue
- Impaired physical function

Symptoms can make it more difficult to do the things you were able to do before starting cancer treatment. A written record, often called a symptom log, is a useful way to understand symptom patterns. Share the symptom log with your care team to develop a more accurate and precise care plan to better manage your symptoms. Work together to identify strategies and set goals to manage your symptoms. Use a symptom log to see whether or not the strategy is working. Symptom logs are more reliable than your memory.

Be specific and consistent with the details when keeping a symptom log. Consider the following suggestions when tracking information about the symptom:

- **Symptom Description**

Give details about the symptom itself and where it is happening. For example, pain can be on the left side, the right side, or both sides. Be specific about how the pain feels, for example: throbbing, shooting, stabbing, sharp, cramping, gnawing, hot/burning, aching, heavy, tender, splitting, tiring/exhausting, sickening, fearful, and punishing/cruel.

Record any falls or near falls. Describe daily tasks and activities that you found difficult to do.

- **Triggers**

Some activities, situations, and feelings can cause symptoms to be worse. Triggers may happen before a symptom starts or while the symptom is happening. Take note of current activities, situations, and feelings, as well as those that have happened in the past 24 hours. Write down things you think may have contributed to the problem.

- **Severity**

Use a 0 to 10 scale to rate how severe the symptom feels, where 0 is no symptom and 10 being the worst feeling you have ever had.

- **Time**

Identify the time of day you have a symptom and how long it lasts.

- **Strategy**

Some activities, situations, and thoughts can make symptoms better. Record what you did to help make the symptom better.

- **Did what you try help?**

Here you can record “yes”, “no”, or “some” to help you track what works for you.

Example Symptom Log

Date	Symptom Description	Triggers	Severity	Time (when and how long?)	Strategy	Did what you try help?
August 27	Splitting pain, lower right back	Sitting at the breakfast table	3	Morning, lasted 30 minutes	Took 400mg ibuprofen. Moved to the couch.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Some
	low energy, entire body	Waiting for a ride to an appointment, sitting on the couch	4	Morning, lasted 45 minutes	Read posts on the Mayo Clinic Connect webpage.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Some
	Aching pain, lower right back	Sitting at the doctor's office	7	Afternoon, lasted 1 hour	Back massage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Some
	Tripped on the curb going into the store.	Medical appointments all day, tired	?	Late afternoon	Did not finish shopping	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Some
	Trouble getting up the steps to visit a friend.	My busy day	5	6:00 pm	Adjusted my plans for tomorrow	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some
	Can't sleep, racing thoughts	Had to go to the bathroom, noisy room, thinking about upcoming appointments	8	Night, lasted 2 hours	Deep breathing, white noise machine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Some
August 28	Left hand weak and numb	Slept with hand above head	4	4:00 am, lasted 3 minutes	Put my hands down by my side	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some
	Anxiety, heart racing	Checked portal	6	Morning, lasted 20 minutes	Talk with a friend about upcoming appointment. Scheduled acupuncture appointment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some
	Gnawing pain, stomach	Didn't eat breakfast, not hungry	6	10:00 am, lasted 30 minutes	Drank a protein shake	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Some

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