



# **UNITED WE FIGHT**

PROGRESS JOURNAL

## My Information

**Name:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Insurance Name:** \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Treatment Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Treatment End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**My Nurse:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Urologist:** \_\_\_\_\_

Phone: \_\_\_\_\_

## My Healthcare Team

**Radiation Oncologist:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical Oncologist:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Physician:** \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

**Physician:** \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

**Nurse:** \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Hospital Name:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Transportation Service:** \_\_\_\_\_

**Emergency (Family/Friend) Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_



## My Medication

1. List all medications currently being taken and any known allergies you may have.
2. Show this to every physician with each visit.
3. List the stop date when you stop taking a medication.
4. Keep this booklet with you at all times.
5. Show this booklet if you go to the Emergency Room.
6. Show this booklet if you are admitted to the hospital.

Medication	Dosage	Frequency	Stop Date

## Medication Safety Tips

- Take all medications as prescribed unless directed otherwise by your physician.
- Notify your physician of any side effects you experience immediately.
- Tell every physician about all of your medications including the over-the-counter medications, vitamins and herbs.
- Never take any drugs prescribed for someone else.

Allergies	Over-the-Counter / Herbal Medicines

## Side Effects

Write down any symptoms you experience in the Daily Notes section on the next page. Rate the severity of your symptoms on a scale of 1 to 10. 1 being no problem and 10 = severe problem.

### Urinary/bladder

Rate any urinary problems you experience from 1 to 10. Write down the problem in the Daily Notes. Examples are:

- Difficulty urinating or difficulty starting your stream
- Difficulty emptying your bladder
- Incontinence or leaking urine
- Urgency or hurrying to get to the restroom
- Pain, cramping, or burning while urinating

### Diarrhea

Write down the number of loose bowel movements you have each day. Rate the severity of your symptoms. Examples are:

- None: No diarrhea
- Mild problem: 2-3 bowel movements per day
- Moderate problem: 4-6 bowel movements per day
- Severe problem: Watery stools or 7-9 bowel movements per day

REPORT ANY BLOODY STOOLS TO YOUR PHYSICIAN

### Fatigue

Rate your level of fatigue from 1 to 10. Examples are:

- None: No fatigue
- Mild: Normal activity but with some effort
- Moderate: In bed less than 1/2 of the day
- Severe: In bed more than 1/2 of the day

### Skin Irritation

Report changes to the skin area where you are receiving the radiation therapy.

- None: No irritation
- Mild: Faint redness and scaling (dry appearing flaky skin)
- Moderate: Redness or moist peeling especially at skin folds
- Severe: Swelling and moist peeling in large area or ulcer (open sore) on skin

### Mood

Rate your mood from 1-10. A 1 would be happy with no worries. A 10 may be sad or depressed, felling angry, or even anxious.

One note about feeling sadness: We often use the words “sadness” and “depression” to mean the same thing when they are actually very different. Depression is much more than sadness; it is a serious condition that must be treated just like other medical condition. And, ***it is not a normal part of having cancer.*** If you begin to lose interest in things that you enjoy or are important to you, please talk with your health care team right away.

### Pain

On the following pages, rate your level of pain or discomfort from 1 to 10 showing what degree of discomfort you have. 1 being no discomfort and 10 being the greatest amount of discomfort. This could be any pain that you may feel including pelvic or bladder, scrotal, rectal and even joint and bone pain. List the location of your pain in the comments section.

**Report any side effects to your physician**

**1** Week of \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

<b>MON</b> Treatment Today? Yes No	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

<b>TUE</b> Treatment Today? Yes No	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

<b>WED</b> Treatment Today? Yes No	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

<b>THU</b> Treatment Today? Yes No	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

<b>FRI</b> Treatment Today? Yes No	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

<b>SAT</b> Treatment Today? Yes No	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

<b>SUN</b> Treatment Today? Yes No	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

Weekly Summary:

<b>MON</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>TUE</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>WED</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>THU</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>FRI</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SAT</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SUN</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

Weekly Summary:

---



---



---



---



---

<b>MON</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>TUE</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>WED</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>THU</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>FRI</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SAT</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SUN</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

Weekly Summary:

---



---



---



---



---

<b>MON</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>TUE</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>WED</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>THU</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>FRI</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SAT</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SUN</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

Weekly Summary:

---



---



---



---



---

<b>MON</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>TUE</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>WED</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>THU</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>FRI</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SAT</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SUN</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

Weekly Summary:

---



---



---



---



---

<b>MON</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>TUE</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>WED</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>THU</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>FRI</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SAT</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SUN</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

Weekly Summary:

---



---



---



---



---

<b>MON</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>TUE</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>WED</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>THU</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>FRI</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SAT</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SUN</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

Weekly Summary:

---



---



---



---



---

<b>MON</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>TUE</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>WED</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>THU</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>FRI</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SAT</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SUN</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

Weekly Summary:

---



---



---



---



---

<b>MON</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>TUE</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>WED</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>THU</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>FRI</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SAT</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SUN</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

Weekly Summary:

---



---



---



---



---

<b>MON</b>	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
Treatment Today?	Rectal	1	2	3	4	5	6	7	8	9	10
	Yes No										
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

<b>TUE</b>	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
Treatment Today?	Rectal	1	2	3	4	5	6	7	8	9	10
	Yes No										
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

<b>WED</b>	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
Treatment Today?	Rectal	1	2	3	4	5	6	7	8	9	10
	Yes No										
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

<b>THU</b>	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
Treatment Today?	Rectal	1	2	3	4	5	6	7	8	9	10
	Yes No										
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

<b>FRI</b>	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
Treatment Today?	Rectal	1	2	3	4	5	6	7	8	9	10
	Yes No										
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

<b>SAT</b>	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
Treatment Today?	Rectal	1	2	3	4	5	6	7	8	9	10
	Yes No										
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

<b>SUN</b>	Urinary	1	2	3	4	5	6	7	8	9	10
	Diarrhea	1	2	3	4	5	6	7	8	9	10
Treatment Today?	Rectal	1	2	3	4	5	6	7	8	9	10
	Yes No										
	Fatigue	1	2	3	4	5	6	7	8	9	10
	Skin	1	2	3	4	5	6	7	8	9	10
	Mood	1	2	3	4	5	6	7	8	9	10
	Pain	1	2	3	4	5	6	7	8	9	10

Daily Notes:

Weekly Summary:

---



---



---



---



---

<b>MON</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>TUE</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>WED</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>THU</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>FRI</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SAT</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SUN</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

Weekly Summary:

---



---



---



---



---

<b>MON</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>TUE</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>WED</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>THU</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>FRI</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SAT</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

<b>SUN</b>	Urinary	1	2	3	4	5	6	7	8	9	10	
	Diarrhea	1	2	3	4	5	6	7	8	9	10	
	Treatment Today? Yes No	Rectal	1	2	3	4	5	6	7	8	9	10
	Fatigue	1	2	3	4	5	6	7	8	9	10	
	Skin	1	2	3	4	5	6	7	8	9	10	
	Mood	1	2	3	4	5	6	7	8	9	10	
	Pain	1	2	3	4	5	6	7	8	9	10	

Daily Notes:

Weekly Summary:

---



---



---



---



---



