Self-Care During Cancer Treatment

General Information

Patient name:

Patient date of birth:

Patient phone number:

Do you have any of these symptoms today?

- Fatigue
- Pain
- Headaches
- Hand-foot syndrome
- Swelling
- Skin rash or sores
- Numbness & tingling
- Nausea & vomiting
- Mouth problems
- Lack of appetite
- Constipation
- Diarrhea
- Fever
- Shortness of breath
- Cough

How concerned are you today about…?

- Feeling irritable
- Changes in work/school/home life
- Feeling sad or depressed
- Body image & feelings about how you look
- Feeling nervous or afraid
- Worry about the future
- Making a treatment decision
- Intimacy, sexual functioning a& fertility
- Feeling lonely or isolated
- Health insurance or money worries
- Feeling too tired
- You relationship with a spouse or partner
- Worry about family, children & friends