External Radiation Side Effects Worksheet

External radiation therapy uses special equipment to deliver high doses of radiation to cancerous tumors, killing or damaging them so they cannot grow, multiply, or spread. Unlike chemotherapy, which exposes the entire body to cancer-fighting chemicals, radiation therapy affects only the tumor and the surrounding area.

On the following pages are the most common side effects experienced by patients receiving external radiation therapy.

- You may have none, some, or all of these, or you may have side effects not listed here.
- With each side effect listed below there are suggestions on how to describe them to your doctor.
- Some side effects are more serious than others.
- **Ask your doctor which side effects he or she needs to know about immediately.** Record these on the last page.

How to Use This Worksheet

- This worksheet will cover 6 weeks of radiation therapy. Fill in the date for the start of each week. For example, the week you start therapy is Week #1. If your therapy lasts beyond 6 weeks, you will need to print an additional worksheet.
- Side effects are listed in the left column.
- For each week, go down the column for that week and check the appropriate box describing the severity of each side effect. If you do not have a particular side effect, check the “None” box.
- Take this worksheet with you to your doctor visits.
- **If you have a side effect that can be described as “severe”, notify your doctor right away.**
- At the end of the list, we have left spaces for you to add any side effects you may have that are not listed here. Use the same format to describe the severity of the symptom and any medications you took to treat it.

*Remember, your doctor may want to know immediately if you have some of these side effects.*

For more information on Radiation Therapy go to www.cancer.org.
# External Radiation Side Effects Worksheet

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## General Symptoms

### Fatigue:
- None
- Mild – Normal activity with effort
- Moderate – In bed less than half of day
- Severe – In bed more than half of day

### Skin Irritation (in areas where radiation therapy is given):
- None
- Mild – Faint redness and scaling
- Moderate – Redness or moist peeling especially at skin folds
- Severe – Swelling and moist peeling in large area or ulcer in skin

### Fever/Chills:
Write down your highest temperature for the week.
- None – Temperature 98.6° F
- Mild – Fever 98.6° F to 100.4° F
- Moderate – Fever 100.4° F to 104° F
- Severe – Fever greater than 104° F

### If You Are Receiving Radiation to the Head or Neck Area:

#### Sore Mouth:
- None
- Mild – Soreness, with no ulcers
- Moderate – Soreness or painful ulcer/able to eat
- Severe – Painful ulcer and cannot eat or toothache

#### Dry mouth (Xerostomia):
- Decreased saliva
- Thick saliva
- No saliva

*Let your doctor know about this right away*
### External Radiation Side Effects Worksheet

#### Date

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#### If You Are Receiving Radiation to the Abdomen:

**Nausea:**
- None
- Mild – Able to eat
- Moderate – Eating/drinking less than normal
- Severe – Can’t eat or drink*

Write any medications taken here —>

**Vomiting:**
- None
- Mild – Vomiting once
- Moderate – Vomiting 2 to 5 times in a day*
- Severe – Vomiting 6 or more times a day*

Write any medications taken here —>

**Diarrhea** (Write down highest number of bowel movements in a day):
- None
- Mild – 2 to 3 stools per day over normal
- Moderate – 4 to 6 stools per day over normal*
- Severe – Watery stools or 7 to 9 stool*

Write any medications taken here —>

**Change in Appetite:**
- Reduced food and fluid intake
- Call doctor if you are unable to eat or drink*

Note any changes here —>

*Let your doctor know about this right away*
## External Radiation Side Effects Worksheet

### If You Are Receiving Radiation to the Chest:

**Pain or difficulty with swallowing:**
- None
- Mild – Pain but can eat
- Moderate – Pain requiring soft or liquid diet *
- Severe – Unable to eat at all *

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Write any medications taken here —>  

**Soreness of the breast:**
- Yes
- No

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### If You Are Receiving Radiation to the Pelvis (Females):

**Notify your doctor if you have any vaginal discharge or dryness:**

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Write any medications taken here —>  

### If You Are Receiving Radiation to the Brain:

**Notify your doctor if you have any of the following:**
- Headache *
- Seizure *
- Nausea/vomiting *
- Decreased hearing/loss *

Note any symptoms here —>  

*Let your doctor know about this right away*
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**LIST ANY OTHER SIDE EFFECTS YOU EXPERIENCE IN THE BOXES BELOW**

#### Side Effect:
- [ ] None
- [ ] Mild
- [ ] Moderate
- [ ] Severe

#### Side Effect:
- [ ] None
- [ ] Mild
- [ ] Moderate
- [ ] Severe

#### Side Effect:
- [ ] None
- [ ] Mild
- [ ] Moderate
- [ ] Severe
### Questions to Ask My Doctor
Which side effects should I notify you about right away?

For More Information…
We’re available to answer your questions about cancer. Contact us at 1-800-227-2345, or visit us online at www.cancer.org.