

External Radiation Side Effects Worksheet

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. Although some normal cells may be affected by radiation, most appear to recover fully from the effects of the treatment. Unlike chemotherapy, which exposes the entire body to cancer-fighting chemicals, radiation therapy affects only the tumor and the surrounding area. Radiation therapy is one of the most common treatments for cancer and is used in more than half of all cancer cases.

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 know immediately if you have some of these side effects.

For more information on Radiation Therapy see our documents: “Radiation Therapy Principles” and “Understanding Radiation Therapy”



External Radiation Side Effects Worksheet

Date	// /	// /	// /	// /	// /	// /
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
GENERAL SYMPTOMS						
Fatigue: None Mild- Normal activity with effort Moderate -In bed less than half of day** Severe- In bed more than of day**	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
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**	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
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 **	_____°F ' None ' Mild ' Moderate ' Severe	_____°F ' None ' Mild ' Moderate ' Severe	_____°F ' None ' Mild ' Moderate ' Severe	_____°F ' None ' Mild ' Moderate ' Severe	_____°F ' None ' Mild ' Moderate ' Severe	_____°F ' None ' Mild ' Moderate ' Severe
Write any medicines taken for this here.....®						
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**	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Write any medications taken here.....®						

****Notify your doctor immediately**



External Radiation Side Effects Worksheet

Date	//	//	//	//	//	//
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Dry mouth (Xerostomia) Decreased saliva Thick saliva No saliva	' Decreased ' Thick ' No Saliva	' Decreased ' Thick ' No Saliva	' Decreased ' Thick ' No Saliva	' Decreased ' Thick ' No Saliva	' Decreased ' Thick ' No Saliva	' Decreased ' Thick ' No Saliva
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.....®	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
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.....®	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
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 stools per day or more or bloody stools** Write any medications taken here.....®	# of BMs: _____ ' None ' Mild ' Moderate ' Severe	# of BMs: _____ ' None ' Mild ' Moderate ' Severe	# of BMs: _____ ' None ' Mild ' Moderate ' Severe	# of BMs: _____ ' None ' Mild ' Moderate ' Severe	# of BMs: _____ ' None ' Mild ' Moderate ' Severe	# of BMs: _____ ' None ' Mild ' Moderate ' Severe
Change in Appetite Reduced food and fluid intake Call doctor if you are unable to eat or drink** Note any changes here.....®	' No change ' Decreased ' Unable to eat or drink	' No change ' Decreased ' Unable to eat or drink	' No change ' Decreased ' Unable to eat or drink	' No change ' Decreased ' Unable to eat or drink	' No change ' Decreased ' Unable to eat or drink	' No change ' Decreased ' Unable to eat or drink

****Notify your doctor immediately**



External Radiation Side Effects Worksheet

Date	// //	// //	// //	// //	// //	// //
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
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** Write any medications taken here.....®	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Soreness of the breast	' Yes ' No	' Yes ' No	' Yes ' No	' Yes ' No	' Yes ' No	' Yes ' No
If You Are Receiving Radiation to the Pelvis (Females):						
Notify your doctor if you have any vaginal discharge or dryness** Note any symptoms here.....® 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.....®						

****Notify your doctor immediately**



Questions to Ask My Doctor

- Which side effects should I notify you about right away?

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-
-
-

What Should I Do for the Side Effects That I Have?

Notes

For More Information...

We're available to answer your questions about cancer, any time, day or night. Contact us at 1-800-ACS-2345, or visit us online at www.cancer.org.