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Week # _____

External Radiation Side Effects Worksheet

External radiation therapy uses strong beams or waves of energy to treat certain cancers and other problems caused by cancer. External radiation usually only affects the area of the body getting treatment. Radiation kills cells that grow fast, even if they're not cancer cells. Some normal, healthy cells around the tumor can also be harmed. This can cause side effects, some of which can be serious. It's different for each person.Visit **cancer.org/radiation** to learn more about radiation therapy.

It is important to keep track of any side effects you are having so your cancer care team can help you manage them. This worksheet will help you do that.

Listed on the following pages are some of the most common side effects people receiving radiation therapy might have.

- You may have none, some, or all of these side effects, or you may have others not listed here. On page 6, there are 3 empty rows if you need to track a side effect not listed.
- We have included suggestions to help you describe each of these side effects to your doctor.
- **Ask your cancer care team when you should call their office right away about certain side effects.** Write these on page 6 of this worksheet.

Print or save a copy of the worksheet for each week that you are receiving treatment and take the worksheet with you when you visit the doctor.

How to Use This Worksheet

- This worksheet will cover 1 week (5 treatment days in a week) of radiation therapy. You will need to print additional worksheets for each treatment week.
- For each day of the week, go to the column for that day and check the box that describes how bad each side effect is. If you do not have a particular side effect, check the "None" box.
- Write down what medicines you took to treat the side effect, or what you did that might have helped you feel better.
- **If you have a side effect that can be described as severe, contact your cancer care team right away.**

Ask your cancer care team which side effects are most common with your radiation treatment, how long they might last, how bad they might be, and when you should call the cancer care team.

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External Radiation Side Effects Worksheet

Week # _____

Date	/ /	/ /	/ /	/ /	/ /
	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**
Common general side effects					
Fatigue (Feeling Very Tired) None Mild – Relieved by rest Moderate – Not relieved by rest, unable to do household or work activities Severe – Not relieved by rest, unable to take care of self, having trouble walking, or have a fall*	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe
Skin Changes (in areas where radiation therapy is given): None Mild – Light redness, dryness, itchiness, 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
Fever (With or Without Chills): Write down your highest temperature for the day. None – Temperature (Temp) 98.6° F Mild – Temp of 98.7° F to 100.4° F Moderate – Temp of 100.5° F to 104° F* Severe – Temp greater than 104° F* Write any medicines taken for this here —>	_____ ° 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
If you are receiving radiation to the head or neck area:					
Sore Mouth (Mucositis): None Mild – Soreness, or painless ulcers Moderate – Soreness or painful ulcer but can eat* Severe – Severe pain with trouble eating* Write any medicines taken for this here —>	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe
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
Nausea and Vomiting: None Mild – Can eat Moderate – Eating/drinking less than normal Severe – Can't eat or drink* Write any medicines taken for this here —>	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe
***Let your cancer care team know about this side effect right away.**					

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Week # _____

Date	/ /	/ /	/ /	/ /	/ /
	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**
If you are receiving radiation to the breast:					
Skin Changes None Mild – Light redness, dryness, or itching. Moderate – Redness or moist peeling, especially at skin folds* Severe – Swelling and moist peeling in large area*	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe
Sore Breast Yes No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Swelling of Breast/Chest Wall/Arm (Lymphedema): None Mild – Minor swelling, faint changes in skin color, some thickening of skin Moderate – Visible swelling, skin tightness or hardness, change in skin color or texture, some difficulty lifting or moving arms or legs* Severe – Severe swelling, very dry or thick skin, fluid leaking from skin, blisters on skin, difficulty lifting or moving arms or legs*	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe
***Let your doctor know about this right away.**					

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External Radiation Side Effects Worksheet

Week # _____

Date	/ /	/ /	/ /	/ /	/ /
	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**
If you are receiving radiation to the abdomen:					
Nausea and Vomiting: None Mild – Can eat Moderate – Eating/drinking less than normal Severe – Can't eat or drink* Write any medicines taken here —>	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe
Diarrhea: (Write down number of bowel movements in a day.) None – Same number of stools as usual Mild – 1 to 3 more stools than usual Moderate – 4 to 6 stools per day more than usual* Severe – 7 or more stools than usual; weakness or dizziness* Write any medicines 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
Constipation: None Mild – Using stool softener or laxatives from time to time Moderate – Using laxatives or enemas most days or every day* Severe – Unable to move bowels despite medicine; symptoms interfere with self-care* Write any medicines taken here —>	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe
***Let your cancer care team know about this side effect away.**					

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External Radiation Side Effects Worksheet

Week # _____

Date	/ /	/ /	/ /	/ /	/ /
	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**
If you are receiving radiation to the chest:					
Pain or Difficulty With Swallowing: None Mild – Pain but can eat a regular diet Moderate – Pain that causes trouble eating a regular solid diet* Severe – Can't eat regular solid foods or choking on food/drink* Write any medicines taken for this here —>	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe
Shortness of Breath: None Mild – With moderate activity Moderate – With minimal activity* Severe – At rest: Seek immediate treatment* Write any medicines taken for this here —>	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe
Loss of Appetite (Anorexia): None Mild – Loss of appetite but still eating well Moderate – Eating less but little weight loss Severe – Significant weight loss * Write any medicines taken for this here —>	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe
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* Extreme tiredness (fatigue)* Trouble with memory and speech* Write additional symptoms here —>					
***Let your cancer care team know about this side effect right away.**					

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External Radiation Side Effects Worksheet

Week # ___________

Date	/ /	/ /	/ /	/ /	/ /
	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**
List any other side effects you experience in the boxes below.					
Side Effect:	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe
Side Effect:	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe
Side Effect:	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe

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External Radiation Side Effects Worksheet

Week # _____

Questions to ask my cancer care team

Which side effects should I notify you about right away? Who should I contact after hours or on weekends or holidays?

What can I do for side effects that I have? What should I avoid doing?

Notes

To learn more about radiation therapy, visit the American Cancer Society website at **cancer.org/radiation** or call us at **1-800-227-2345**. We're here when you need us.