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

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 medications 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 —>						
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
***Let your doctor know about this right away**						

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Date	/ /	/ /	/ /	/ /	/ /	/ /
	Week 1	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**
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*	☐ 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 —>						
Vomiting: None Mild – Vomiting once Moderate – Vomiting 2 to 5 times in a day* Severe – Vomiting 6 or more times a 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
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*	# 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
Write any medications taken here —>						
Change in Appetite: Reduced food and fluid intake Call doctor if you are 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	☐ No change ☐ Decreased ☐ Unable to eat or drink
Note any changes here —>						

***Let your doctor know about this right away**

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*	☐ 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 —>						
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 —>						
***Let your doctor know about this right away**						

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Date	/ /	/ /	/ /	/ /	/ /	/ /
	Week 1	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**
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	☐ 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	☐ 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	☐ None ☐ Mild ☐ Moderate ☐ Severe

External Radiation Side Effects Worksheet

Questions to Ask My Doctor

Which side effects should I notify you about right away?

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

Notes

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.