Oral Chemotherapy Drug Diary: One Dose of Oral Chemotherapy Twice a Day

Instructions:

1. Review how to take your oral chemotherapy with your doctor or nurse.
2. Fill in the top section of the diary (or ask your nurse to fill it in for you).
3. Fill in the *Special Instruction* section. These instructions may include:
   1. Taking with food or on an empty stomach
   2. How to store the medication
   3. What to do if you miss a dose
4. Fill in the *date and time* every time you take a dose.
5. Write in any *side effects* you have while taking the oral chemotherapy
6. Bring your diary with you to your appointments with the oncologist.
7. Call you doctor or nurse if you have any questions about your oral chemotherapy or how to use this diary.

One oral chemotherapy twice a day

Drug Name:

Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often: \_\_\_\_\_\_\_\_\_\_\_\_\_ When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Instructions:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day | Date | Time | Dose | Time | Dose | Symptoms |
| EX | 5/26/20 | 10:00 am | 1 | 7:00 pm | 1 | Nausea at night |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| Day | Date | Time | Dose | Time | Dose | Symptoms |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |