

“Know Your Body.  
Know The Symptoms.  
Help Spread The Word.”

## Introduction to Symptom Diary

This Symptom Diary is designed to help you communicate clearly with your doctor, (preferably a gynecologist) about symptoms that are persistent (for more than a month) and may be indicative of ovarian cancer. We encourage you to use the Diary as a tool to more accurately describe your symptoms to your doctor. The Diary should reveal persistency and severity.

Using this Diary will help your doctor understand your symptoms, and whether ovarian cancer should be a consideration in your diagnosis. Early detection may lead to a better chance of a positive outcome.

Remember that ovarian cancer is not common but neither is it rare. Women are advised to remember that the presence of symptoms *may not indicate* ovarian cancer, but that *persistency of symptoms* requires closer investigation. However, early diagnosis improves your chances for a positive outcome, so it is important that you tell your doctor if symptoms are persistent and different from what is normal for you.

### Next Steps:

Make an appointment with your doctor and take the Diary with you to the visit. The Diary will provide your doctor a clear image of what you are experiencing.

Your doctor should consider the possibility of ovarian cancer if symptoms are frequent, persistent, new to you and otherwise unexplained. Your doctor can arrange the following tests:

- CA-125 blood test
- Transvaginal ultrasound
- Manual pelvic and rectal exam

If any of these results suggest that ovarian cancer is a possibility, it is important that you be referred to a gynecologic oncologist as soon as possible.

*Diary initially developed in the United Kingdom by Ovarian Cancer Action.*



# symptom diary

If you experience any of these **symptoms**, mark the days you experience the symptom. For example, if you have abdominal pain on Tuesday and Wednesday during the same week, mark those days. If you have any of these symptoms almost daily for more than a month, **please see your doctor** (preferably a gynecologist) right away.



Please check a box each day you experience symptoms

	WEEK ONE	WEEK TWO	WEEK THREE	WEEK FOUR	RATE SYMPTOMS
<b>Pelvic Pain</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	<p><b>How would you rate your symptoms?</b> (1 is mild and 10 severe)</p> <p>Rate <input type="range"/></p>
<b>Abdominal Pain</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	<p><b>How would you rate your symptoms?</b> (1 is mild and 10 severe)</p> <p>Rate <input type="range"/></p>
<b>Urinary Frequency / Urgency</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	<p><b>How would you rate your symptoms?</b> (1 is mild and 10 severe)</p> <p>Rate <input type="range"/></p>
<b>Increased Abdomen Size / Bloating</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	<p><b>How would you rate your symptoms?</b> (1 is mild and 10 severe)</p> <p>Rate <input type="range"/></p>
<b>Difficulty Eating / Feeling Full</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	<p><b>How would you rate your symptoms?</b> (1 is mild and 10 severe)</p> <p>Rate <input type="range"/></p>

## Comments:

List other symptoms such as changes in bowel habits e.g. constipation or bleeding between periods or anything else that is different from usual for you. Have your symptoms stopped you from doing anything else that is normal for you? If yes, please explain.

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