

Cancer Medicine Diary

Take **two cancer medicines by mouth daily**.

- Fill in the blanks at the top of the diary.
- Review how to use the diary with your cancer care team.
- Your cancer care team will tell you about all special instruction, such as:
 - Take with food or on an empty stomach.
 - Store the medicine in a safe place away from children and pets.

The day you take the medicine

- Keep this diary in a place you will remember to complete each day.
- Fill in the **date and time** each time you take a dose.
- Write in any **side effect** you may have while taking the cancer medicine.
- If you feel well, include this information too.
- Bring the diary with you to all your Dana-Farber appointments.

Contact your cancer care team if you have any questions about your oral cancer medicine or how to use the diary.

How to contact your cancer team:

Longwood and Chestnut Hill:

- 617-632-3000 during business hours.
- after 5pm, call the page operator at 617- 623- 3352 to page your doctor

Other Location: _____

After business hours: _____ you can page your doctor using the numbers above.

Two Cancer Medicines Daily

Medicine : _____ **Start date:** _____

How much: _____ pill(s) per day (total _____ mg. per day)

Time of day: _____

Medicine : _____ **Start date:** _____

How much: _____ pill(s) per day (total _____ mg. per day)

Time of day: _____

Special Instructions: _____

Day	Date	Time	Medicine	Dose	Medicine	Dose	Symptom
<i>Example: Day 1</i>	<i>05/11/22</i>	<i>9:30 a.m.</i>	<input checked="" type="checkbox"/>	<i>1 pill</i>	<input checked="" type="checkbox"/>	<i>1 pill</i>	<i>Upset stomach 2 hours after taking my medicine</i>
1			<input type="checkbox"/>		<input type="checkbox"/>		
2			<input type="checkbox"/>		<input type="checkbox"/>		
3			<input type="checkbox"/>		<input type="checkbox"/>		
4			<input type="checkbox"/>		<input type="checkbox"/>		
5			<input type="checkbox"/>		<input type="checkbox"/>		
6			<input type="checkbox"/>		<input type="checkbox"/>		
7			<input type="checkbox"/>		<input type="checkbox"/>		
8			<input type="checkbox"/>		<input type="checkbox"/>		
9			<input type="checkbox"/>		<input type="checkbox"/>		
10			<input type="checkbox"/>		<input type="checkbox"/>		
11			<input type="checkbox"/>		<input type="checkbox"/>		
12			<input type="checkbox"/>		<input type="checkbox"/>		
13			<input type="checkbox"/>		<input type="checkbox"/>		
14			<input type="checkbox"/>		<input type="checkbox"/>		
15			<input type="checkbox"/>		<input type="checkbox"/>		

Two Cancer Medicines Daily

Medicine A: _____ Start date: _____

How much: _____ pill(s) per day (total _____ mg. per day)

Time of day: _____

Medicine B: _____ Start date: _____

How much: _____ pill(s) per day (total _____ mg. per day)

Time of day: _____

Special Instructions: _____

Day ____	Date	Time	Medicine	Dose	Medicine	Dose	Symptom
<i>Example: Day 1</i>	<i>05/18/22</i>	<i>9:30 a.m.</i>	<input checked="" type="checkbox"/>	<i>1 pill</i>	<input checked="" type="checkbox"/>	<i>1 pill</i>	<i>Upset stomach 2 hours after taking my medicine</i>
16			<input type="checkbox"/>		<input type="checkbox"/>		
17			<input type="checkbox"/>		<input type="checkbox"/>		
18			<input type="checkbox"/>		<input type="checkbox"/>		
19			<input type="checkbox"/>		<input type="checkbox"/>		
20			<input type="checkbox"/>		<input type="checkbox"/>		
21			<input type="checkbox"/>		<input type="checkbox"/>		
22			<input type="checkbox"/>		<input type="checkbox"/>		
23			<input type="checkbox"/>		<input type="checkbox"/>		
24			<input type="checkbox"/>		<input type="checkbox"/>		
25			<input type="checkbox"/>		<input type="checkbox"/>		
26			<input type="checkbox"/>		<input type="checkbox"/>		
27			<input type="checkbox"/>		<input type="checkbox"/>		
28			<input type="checkbox"/>		<input type="checkbox"/>		

The instructions in this teaching sheet are for informational purposes only. The content is not intended as a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your doctor or other qualified health provider with any questions regarding your medical condition. If you experience any significant change in your health during or after treatment, contact a member of your cancer care team right away.