

The symptom diary

Ovarian Cancer Action's symptom diary is designed to help women communicate clearly with their doctor about symptoms they are worried about and that may suggest ovarian cancer. We encourage women to use the diary as a tool to help them inform the doctor about the persistency, frequency and severity of symptoms they are experiencing, and to help raise any concerns they may have about ovarian cancer.

The symptom diary is based on current research and the Department of Health's key messages for ovarian cancer state that a number of specific symptoms occur more frequently in women diagnosed with the disease.

Who should use this symptom diary?

The symptom diary allows women to monitor their symptoms every day over four weeks. The diary should be helpful to women who experience any of the following symptoms on most days of the month:

- Stomach pain or pelvic pain
- Persistent abdominal bloating – not bloating that comes or goes
- Difficulty eating and feeling full quickly

Other unexplained symptoms that may be present include; needing to urinate urgently, changes in bowel habits, excessive tiredness, and back pain.

If you have already seen your doctor about these symptoms and they are not getting any better, you may find it helpful to use this diary to provide your doctor with further information about the symptoms you are experiencing.

The next steps

Make an appointment with your doctor and take the completed diary with you. The diary will provide the doctor with a clear picture of the symptoms you are experiencing.

The doctor should consider the possibility of ovarian cancer if the symptoms are frequent, persistent, new to the individual, and occur on most days. The doctor can arrange:

- A CA125 test; and
- An internal ultrasound.

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

Advice for communicating with your GP

1. Inform your GP clearly about your concern of the possibility of ovarian cancer.
2. List your concerns before your appointment (your mind can go blank when under pressure).
3. With the support of the symptom diary, describe your symptoms in as much detail as possible. Think back to when you first recognised the symptoms, are they still the same, have they worsened, how often do you experience them, how severe they are?
4. Provide family medical history. Has anyone in your family had ovarian or breast cancer.
5. If you feel that your GP has not listened to your concern, do seek advice from another doctor until you feel the appropriate action has been taken.

If you experience any of the common symptoms, tick the day that it corresponds to, so for example if you have abdominal pain on Monday, Tuesday and Wednesday in week one then tick the abdominal pain boxes for those days.

You can rate the severity of your symptoms i.e. on a scale of 1-10 with 1 being mild and 10 being most severe.

Remember, ovarian cancer is not common and you are unlikely to have the disease if you are experiencing any of the symptoms listed below. However, early diagnosis may save lives, so it is important to tell your doctor if symptoms persist.

Dear Doctor, Your patient has kept this diary because of her concerns. Please go to www.ovarian.org.uk/ovariancancer/gpinformation.asp to read our recommendations on how to use this information.

Please tick a box on each day that you experience symptoms

WEEK ONE

WEEK TWO

WEEK THREE

WEEK FOUR

RATE SYMPTOMS:

Pelvic / Abdominal Pain

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

How would you rate your symptoms?
 (1 Mild – 10 Severe)

Rate

Increased Stomach Size / Bloating – not bloating that comes and goes

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

How would you rate your symptoms?
 (1 Mild – 10 Severe)

Rate

Difficulty eating / Feeling full quickly

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

How would you rate your symptoms?
 (1 Mild – 10 Severe)

Rate

Additional symptoms and comments

You may find that you also experience some of the secondary symptoms, such as changes in bowel habit etc. You can use the additional symptoms and notes section to monitor these symptoms. Place a tick in the box, and note how often you experience the symptom and what severity it is on a scale of 1-10.

You may also use the additional symptoms and notes box for detailing how these symptoms are affecting your daily life, or to include anything else you would like your doctor to know.

Symptom	How often?	How severe	Other comments
<input type="checkbox"/> Urinary symptoms	_____	_____	_____
<input type="checkbox"/> Changes in bowel habit	_____	_____	_____
<input type="checkbox"/> Excessive tiredness	_____	_____	_____
<input checked="" type="checkbox"/> Back ache	_____	_____	_____