

# Your symptoms diary

## HOW TO USE THIS DIARY

This diary is a tool to help you track symptoms you may experience and share them with your doctor. Check the days you experience particular symptoms each week. You can also rate the overall severity of a symptom on a scale of 1-10, with 1 being mild and 10 being the most severe. If symptoms are severe or persistent, please call your doctor immediately.

Rectal Bleeding / Black or Dark Stool	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	How would you rate the severity of this symptom overall?  Rate (1-10) <input type="text"/>
	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	
	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	
	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	
	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	
	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	
	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	
Diarrhea/ Constipation (mark with D or C)	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	How would you rate the severity of this symptom overall?  Rate (1-10) <input type="text"/>
	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	
	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	
	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	
	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	
	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	
	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	
Change in Stool Consistency (e.g.: narrower, dark patches)	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	How would you rate the severity of this symptom overall?  Rate (1-10) <input type="text"/>
	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	
	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	
	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	
	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	
	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	
	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	
Abdominal Discomfort	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	How would you rate the severity of this symptom overall?  Rate (1-10) <input type="text"/>
	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	
	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	
	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	
	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	
	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	
	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	
Weakness/ Fatigue	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	How would you rate the severity of this symptom overall?  Rate (1-10) <input type="text"/>
	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	
	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	
	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	
	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	
	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	
	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	

### HAVE YOU NOTICED OTHER SYMPTOMS?

You may find you've had other symptoms, like anemia, unexplained weight loss, or vomiting. Keep track of how these symptoms are affecting your daily life, or jot down anything else you'd like your doctor to know. These symptoms may require an colonoscopy for diagnosis. Do not be shy about asking for a colonoscopy, a referral to a gastroenterologist, or a second opinion. And regardless of these diary results, if you're high risk or 50+ and haven't been screened, call your doctor.

[ccalliance.org](http://ccalliance.org) | Helpline: (877) 422-2030

The Colorectal Cancer Alliance is a national organization committed to ending colorectal cancer within our lifetime. We are your allies — a national network of passionate survivors, caregivers and advocates dedicated to helping you and your family navigate all aspects of the disease, from diagnosis and treatment to a lifetime of progression-free survival. We are a community of people eager to share experiences, address your concerns, and answer your questions. We understand the different stages of the colorectal cancer journey because we've been there. We are here for you when you need us because we believe tomorrow can't wait.

