

# Symptoms diary. Help your doctor help you.



**Use this diary to track your symptoms and  
communicate them clearly to your GP.**

## This diary will help you track potential ovarian cancer symptoms and communicate them clearly to your GP.

This diary is easy to fill in and allows you to record the persistency, frequency and severity of the symptoms you are experiencing.

If you have already seen your GP and your symptoms are not getting better, you may find this diary helpful to provide them with a clearer picture of what you are experiencing.

## What are the symptoms of ovarian cancer?

- Persistent bloating
- Persistent stomach pain
- Needing to wee more frequently and/or urgently
- Difficulty eating and feeling full more quickly

Other symptoms may include extreme tiredness for no obvious reason, a change in bowel habits (going more often than usual or much less frequently), and unexplained weight loss.

Ovarian cancer is not a common disease. Even if you are experiencing any of the above symptoms it is unlikely that you have it. However it's vital that you still take action and visit your GP so that they can rule ovarian cancer out.

## How to use this diary

Each day that you experience one of the symptoms, make a note in the box for that day to indicate the symptom's severity on a scale of 1-10 (with 1 being mild and 10 being severe).

You may experience additional symptoms to those listed. Use the 'Additional symptoms and comments' box to note down anything extra that you think your GP should know.

You don't have to fill the diary in for all four weeks but try to fill in at least 12 days. Once you have completed your entries take the diary to your doctor.

Symptom	Week 1	Week 2	Week 3	Week 4
<b>Persistent bloating</b>	M <input type="text" value="5"/>	M <input type="text"/>	M <input type="text"/>	M <input type="text"/>
	T <input type="text" value="5"/>	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>
	W <input type="text" value="3"/>	W <input type="text"/>	W <input type="text"/>	W <input type="text"/>
	T <input type="text" value="1"/>	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>
	F <input type="text" value="-"/>	F <input type="text"/>	F <input type="text"/>	F <input type="text"/>
	S <input type="text" value="4"/>	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>
	S <input type="text" value="5"/>	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>
<b>Persistent stomach pain</b>	M <input type="text"/>	M <input type="text"/>	M <input type="text"/>	M <input type="text"/>
	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>
	W <input type="text"/>	W <input type="text"/>	W <input type="text"/>	W <input type="text"/>
	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>
	F <input type="text"/>	F <input type="text"/>	F <input type="text"/>	F <input type="text"/>
	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>
	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>
<b>Needing to wee more frequently and/or urgently</b>	M <input type="text"/>	M <input type="text"/>	M <input type="text"/>	M <input type="text"/>
	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>
	W <input type="text"/>	W <input type="text"/>	W <input type="text"/>	W <input type="text"/>
	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>
	F <input type="text"/>	F <input type="text"/>	F <input type="text"/>	F <input type="text"/>
	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>
	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>
<b>Difficulty eating/feeling full more quickly</b>	M <input type="text"/>	M <input type="text"/>	M <input type="text"/>	M <input type="text"/>
	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>
	W <input type="text"/>	W <input type="text"/>	W <input type="text"/>	W <input type="text"/>
	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>	T <input type="text"/>
	F <input type="text"/>	F <input type="text"/>	F <input type="text"/>	F <input type="text"/>
	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>
	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>	S <input type="text"/>
<b>Additional symptoms and comments</b>				

## AT YOUR GP APPOINTMENT

- Take this diary with you and use it to help explain each symptom
- Tell the GP clearly what you are worried about
- Take a list of questions you want to ask
- Discuss any known family history of breast or ovarian cancer
- Discuss your heritage: people from backgrounds including Ashkenazi Jewish, Polish, Icelandic and Pakistani may be more likely to carry a genetic fault that increases ovarian cancer risk
- Take a friend or family member with you for support
- Request a CA125 blood test if it's not suggested
- Ask for a second opinion if you are not happy with the outcome

Use the comments box on the previous page to make a note of anything you want to mention at your appointment.




**We are the UK's ovarian cancer research charity and our mission is to fund research that saves lives.**

**But we can't do it alone. Overcoming ovarian cancer is about working together. It's about joining forces and becoming greater than the sum of our parts.**

**Join us. Fight with us. Act now.**

### CONTACT US

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