

Purpose of the diary

This diary is designed to help women communicate clearly with their doctor about any symptoms they are worried about and that may suggest ovarian cancer.

It helps you inform your doctor about the persistency, frequency and severity of your symptoms.

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

What are the symptoms of ovarian cancer?

The symptoms of ovarian cancer are:

- **Persistent stomach pain**
- **Persistent bloating – not bloating that comes and goes**
- **Difficulty eating and feeling full quickly**
- **Needing to urinate more frequently and/or urgently**

Other symptoms include: changes in bowel habit (constipation or diarrhoea), excessive tiredness and back pain.

Remember, ovarian cancer is not common. You are unlikely to have the disease even if you are experiencing any of the above symptoms but it is better to be sure and rule out ovarian cancer.

The next steps

1. Use the symptoms diary to monitor your symptoms. You can use this diary everyday for up to four weeks. It is best to monitor your symptoms for at least 12 days.
2. Make an appointment to see your doctor.
3. Take the completed diary to your appointment to help you as you speak to your doctor.
4. Your doctor may arrange for tests to be conducted to understand what may be causing your symptoms. These will be:
 - **a CA125 blood test and**
 - **an internal ultrasound**

Advice for communicating with your GP

1. List all your concerns before your appointment so you don't forget anything when you see your doctor.
2. At your appointment tell your GP clearly about your concerns of the possibility of ovarian cancer.
3. With the support of the diary describe your symptoms in as much detail as possible. Mention when you first noticed the symptoms, if they have worsened, how often you experience them and how severe they are.
4. Let your doctor know if anyone in your family has had ovarian or breast cancer.
5. If your GP doesn't suggest it, ask whether a CA125 blood test can be conducted.
6. If you feel that your GP has not listened to your concerns, seek advice from another doctor until you feel appropriate action has been taken.

How to use the diary

If you experience any of the common symptoms listed below, tick all the days that you experienced the symptoms in that week. You can also rate the severity of your symptoms on a scale of 1-10 with 1 being mild and 10 being most severe.

Persistent stomach pain

Week 1	Week 2	Week 3	Week 4	Rate Symptoms
Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	How would you rate your symptoms? 1 = mild 10 = severe Rating
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"/>	

Persistent bloating

Week 1	Week 2	Week 3	Week 4	Rate Symptoms
Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	How would you rate your symptoms? 1 = mild 10 = severe Rating
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"/>	

Difficulty eating/feeling full quickly

Week 1	Week 2	Week 3	Week 4	Rate Symptoms
Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	How would you rate your symptoms? 1 = mild 10 = severe Rating
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"/>	

Urinary symptoms – needing to wee more frequently and/or urgently

Week 1	Week 2	Week 3	Week 4	Rate Symptoms
Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	How would you rate your symptoms? 1 = mild 10 = severe Rating
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"/>	

Additional symptoms and comments

You may find that you experience some additional symptoms. You can use the section below to monitor these symptoms. Please tick the relevant box to identify your symptoms and note how often and severe your symptoms are.

You may also make a note in the comments section on how these symptoms are affecting your daily life or include anything else you would like your doctor to know.

Week 1	How often?	How severe?	Other comments
Changes in bowel habit <input type="checkbox"/>
Excessive tiredness <input type="checkbox"/>
Back ache <input type="checkbox"/>
Anything else <input type="checkbox"/>