



Capecitabine for colorectal patients

Treatment diary



Notes

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence.

If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

Christie website

For more information about The Christie and our services, please visit **www.christie.nhs.uk** or visit the cancer information centres at Withington, Oldham or Salford.

Your Capecitabine dosage			
Starting dose		Modified dose	
Morning	Number of tablets	Morning	Number of tablets
500mg tablets		500mg tablets	
150mg tablets		150mg tablets	
Evening	Number of tablets	Evening	Number of tablets
500mg tablets		500mg tablets	
150mg tablets		150mg tablets	

If you experience significant side-effects whilst taking Capecitabine, your doctor may prescribe other treatments to relieve the symptoms and/or the Capecitabine may be stopped until the side-effects have settled. For subsequent cycles, a reduced dose of treatment may be prescribed.

If this happens it is important to carry on taking Capecitabine, as it will still remain effective at the lower dose.

How to use this diary

After you have taken each dose of Capecitabine, write down when you took your tablets.

If you experience any of the side-effects shown, tick where applicable even if they occur during your rest week.

If your doctor or nurse has told you to withhold your dose of Capecitabine, write 'W'.

Cycle 1

My treatment diary

Week one

			Diarrhoea	Vomiting	Nausea	Sore mouth	Hand-Foot syndrome	Fever or infection	Chest pain	Other
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week two

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week three

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Cycle 2

My treatment diary

Week one

			Diarrhoea	Vomiting	Nausea	Sore mouth	Hand-Foot syndrome	Fever or infection	Chest pain	Other
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week two

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week three

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Cycle 3

My treatment diary

Week one

			Diarrhoea	Vomiting	Nausea	Sore mouth	Hand-Foot syndrome	Fever or infection	Chest pain	Other
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week two

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week three

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Cycle 4

My treatment diary

Week one

			Diarrhoea	Vomiting	Nausea	Sore mouth	Hand-Foot syndrome	Fever or infection	Chest pain	Other
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week two

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week three

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Cycle 5

My treatment diary

Week one

			Diarrhoea	Vomiting	Nausea	Sore mouth	Hand-Foot syndrome	Fever or infection	Chest pain	Other
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week two

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week three

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Cycle 6

My treatment diary

Week one

			Diarrhoea	Vomiting	Nausea	Sore mouth	Hand-Foot syndrome	Fever or infection	Chest pain	Other
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week two

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week three

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Cycle 7

My treatment diary

Week one

			Diarrhoea	Vomiting	Nausea	Sore mouth	Hand-Foot syndrome	Fever or infection	Chest pain	Other
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week two

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week three

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Cycle 8

My treatment diary

Week one

			Diarrhoea	Vomiting	Nausea	Sore mouth	Hand-Foot syndrome	Fever or infection	Chest pain	Other
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week two

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Week three

Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								
Date	a.m.	p.m.								

Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week

Visit the Cancer Information Centre

The Christie at Withington **0161 446 8100**

The Christie at Oldham **0161 918 7745**

The Christie at Salford **0161 918 7804**

Open Monday to Friday, 10am – 4pm.

Opening times can vary, please ring to check
before making a special journey.

The Christie NHS Foundation Trust

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0161 446 3000

www.christie.nhs.uk

The Christie Patient Information Service
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