



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.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard.

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

The 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, Salford or Macclesfield.

| 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 1

| | | | 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 2

| | | | | | | | | | | |
|------|------|------|--|--|--|--|--|--|--|--|
| 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 3 Rest week

| | | | | | | | | | | |
|------|--|--|--|--|-------------|--|--|--|--|--|
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |

Cycle 2

My treatment diary

Week 1

| | | | 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 2

| | | | | | | | | | | |
|------|------|------|--|--|--|--|--|--|--|--|
| 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 3 Rest week

| | | | | | | | | | |
|------|--|--|--|--|------|--|--|--|--|
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |

Cycle 3

My treatment diary

Week 1

| | | | 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 2

| | | | | | | | | | | |
|------|------|------|--|--|--|--|--|--|--|--|
| 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 3 Rest week

| | | | | | | | | | | |
|------|--|--|--|--|-------------|--|--|--|--|--|
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |

Cycle 4

My treatment diary

Week 1

| | | | 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 2

| | | | | | | | | | | |
|------|------|------|--|--|--|--|--|--|--|--|
| 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 3 Rest week

| | | | | | | | | |
|------|--|--|--|--|------|--|--|--|
| Date | | | | | REST | | | |
| Date | | | | | REST | | | |
| Date | | | | | REST | | | |
| Date | | | | | REST | | | |
| Date | | | | | REST | | | |
| Date | | | | | REST | | | |
| Date | | | | | REST | | | |

Cycle 5

My treatment diary

Week 1

| | | | 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 2

| | | | | | | | | | | |
|------|------|------|--|--|--|--|--|--|--|--|
| 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 3 Rest week

| | | | | | | | | | | |
|------|--|--|--|--|-------------|--|--|--|--|--|
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |

Cycle 6

My treatment diary

Week 1

| | | | 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 2

| | | | | | | | | | | |
|------|------|------|--|--|--|--|--|--|--|--|
| 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 3 Rest week

| | | | | | | | | | |
|------|--|--|--|--|------|--|--|--|--|
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |

Cycle 7

My treatment diary

Week 1

| | | | 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 2

| | | | | | | | | | | |
|------|------|------|--|--|--|--|--|--|--|--|
| 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 3 Rest week

| | | | | | | | | | | |
|------|--|--|--|--|-------------|--|--|--|--|--|
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |
| Date | | | | | REST | | | | | |

Cycle 8

My treatment diary

Week 1

| | | | 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 2

| | | | | | | | | | | |
|------|------|------|--|--|--|--|--|--|--|--|
| 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 3 Rest week

| | | | | | | | | | |
|------|--|--|--|--|------|--|--|--|--|
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |
| Date | | | | | REST | | | | |

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**

The Christie at Macclesfield **0161 956 1704**

Open Monday to Friday, 10am – 4pm.

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

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The Christie Patient Information Service

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