

About the SYMPTOM DIARY



WHAT IS THE SYMPTOM DIARY?

Ovarian Cancer Australia's Symptom Diary is a tool that allows women to easily record symptoms that may be associated with ovarian cancer and more common and less serious conditions.

After recording their symptoms, women can use the symptom diary to clearly communicate with their doctor about symptoms they are experiencing.

SYMPTOMS OF OVARIAN CANCER

There is no early detection test for ovarian cancer, so all women need to be aware of the symptoms. The most commonly reported symptoms for ovarian cancer are:

- Increased abdominal size or persistent abdominal bloating
- Abdominal or pelvic (lower tummy) pain
- Feeling full after eating a small amount
- Needing to urinate often or urgently

ADDITIONAL SYMPTOMS

- Changes in bowel habits
- Unexplained weight gain or loss
- Excessive fatigue
- Lower back pain
- Indigestion or nausea
- Bleeding after menopause or in-between periods
- Pain during sex or bleeding after sex

WHEN SHOULD I USE THE SYMPTOM DIARY?

- If you are experiencing mild symptoms and would like a clearer picture of the frequency and severity of your symptoms
- If you have unexplained, persistent symptoms and want to clearly communicate with your doctor about these symptoms
- If you have already seen your doctor about these symptoms, but you are still experiencing them and believe further investigation is required. In this situation the symptom diary might help you build a clearer picture of your symptoms

WHAT IF I HAVE THE SYMPTOMS?

If any of these symptoms are new for you, and you experience them on most days over 2-4 weeks, make an appointment to see your doctor.

If symptoms are severe, see your doctor without delay.

After ruling out more common causes of your symptoms, your doctor should consider the possibility of ovarian cancer.

They may perform a pelvic examination and arrange for the following:

- Transvaginal (internal) ultrasound
- CA125 blood test

Neither of these tests can be used to screen for ovarian cancer, but they may indicate if ovarian cancer is a possibility. The Pap smear doesn't detect ovarian cancer; it detects cervical cancer.

If your doctor suspects ovarian cancer is a possibility, they should refer you to a gynaecological oncologist working within a multi-disciplinary team.

Ovarian cancer is a relatively uncommon disease – most women with symptoms will not have ovarian cancer.

TOP TIPS FOR COMMUNICATING WITH YOUR DOCTOR

1. Make a list of your concerns before your appointment
2. Use your Symptom Diary to describe your symptoms in as much detail as you can
3. Tell your doctor if anyone on either side of your family has had breast, ovarian or bowel cancer
4. If you have many things to discuss, book a double appointment
5. If you are not satisfied with your GP's explanation for your symptoms, seek a second opinion

WANT TO KNOW MORE?

CALL 1300 660 334

EMAIL support@ovariancancer.net.au

VISIT www.ovariancancer.net.au

Adapted with permission from ovarian cancer action UK
The resource has been reviewed by medical experts.
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References: Goff BA, Mandel LS, Drescher CW, Urban N, Gough S, Schurman KM, Patar J, Mahony BS, Andersen M. 'Development of an Ovarian Cancer Index: Possibilities for Earlier Detection' *CANCER*; 2007 Jan 15;109(2):221-7. Lataifeh I, Marsden DE, Robertson G, Gebiski V, Hacker NF. 'Presenting symptoms of epithelialovarian cancer'. *Aust NZ J Obstet Gynecol*. 2005; 45:211-214.

For more information visit www.ovariancancer.net.au or call 1300 660 334

USING THE SYMPTOM DIARY

The diary allows you to track the four symptoms most commonly associated with ovarian cancer every day for four weeks.

Tick each day when you have the symptom: so, if you had abdominal pain on Monday, Tuesday and Wednesday in the first week, you would tick 'Pelvic/abdominal pain' for those days.

After you have monitored your symptoms for four weeks you can also rate how mild or severe each symptom is by scoring it between 1 and 10 (10 is severe).

If you have a severe symptom (9-10), see your doctor to get your symptom checked.

	Week one	Week two	Week three	Week four	Rate symptoms
Increased abdomen size/bloating	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	How would you rate your symptoms? (1 is mild and 10 severe) Rate <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"/>	
Pelvic/ abdominal pain	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	How would you rate your symptoms? (1 is mild and 10 severe) Rate <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"/>	
Feeling full after eating a small amount	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	How would you rate your symptoms? (1 is mild and 10 severe) Rate <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"/>	
Urinary frequency/ urgency	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	How would you rate your symptoms? (1 is mild and 10 severe) Rate <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"/>	
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	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 NOTES

Some women experience symptoms additional to, or different from, the four key symptoms above. Tick the box next to any of the other symptoms listed below if you have experienced them in the last four weeks, and note how frequent or severe they are.

SYMPTOM	HOW OFTEN?	HOW SEVERE? (1 is mild and 10 severe)
<input type="checkbox"/> Changes in your bowel habits		Rate <input type="text"/>
<input type="checkbox"/> Unexplained weight gain or loss		Rate <input type="text"/>
<input type="checkbox"/> Pain during sex or bleeding after sex. If you experience this symptom, see your doctor to get the symptom checked		Rate <input type="text"/>
<input type="checkbox"/> Back pain		Rate <input type="text"/>
<input type="checkbox"/> Indigestion or nausea		Rate <input type="text"/>
<input type="checkbox"/> Excessive fatigue		Rate <input type="text"/>
<input type="checkbox"/> Bleeding after menopause or in-between periods. If you experience this symptom once, see your doctor to get the symptom checked		Rate <input type="text"/>