My Care Journal

A calm companion for the whole journey

Evidence-based supportive care

lifeatomix.com

LifeAtomiX

Evidence-based supportive cancer care

My Cancer Journal

One calm place for everything, from diagnosis through recovery.

A companion for the whole journey

This journal is yours. Write in it, skip around, fill in only what helps. It holds the practical details and gives you room for everything else you're carrying — you don't have to use every page, or do it perfectly.

A quiet note about the cover: the outside of this journal says “My Care Journal” on purpose. What's written inside is yours to share only when, and with whom, you choose.

This journal belongs to: _____

Started on: _____

WHAT'S INSIDE

YOU DON'T NEED TO FILL EVERY PAGE

Contents

How to use it

Work through it in order or jump to what you need. Tracker pages are meant to be reused — print extra copies as treatment goes on. Softly shaded rows marked EXAMPLE show how a page can be used; they aren't content, and there's no wrong way to do this.

If today feels like a lot, start with just three pages

My Diagnosis at a Glance (page 4), My Care Team (page 6), and Questions & Appointment Prep (page 9) — everything else can wait.

SECTION A

Getting Started

ONE PLACE FOR EVERYTHING

START HERE BRING TO APPOINTMENTS

My Diagnosis at a Glance

Fill in with your care team and bring it to appointments. Add to it as you learn more.

Name: _____ **Date of diagnosis:** _____

Type of cancer & where it started: _____

_____

Stage & what it means: _____

_____

Grade: _____ **Goal (cure or control):** _____

Biomarkers / key results: _____

_____

Treatment plan: _____

_____

_____

_____

Expected timeline: _____

_____

THE WHOLE PICTURE

My Treatment Plan at a Glance

Many people have more than one kind of treatment — sometimes at the same time. Map yours here so you can see the whole plan in one place.

My treatment will include (tick all that apply, with start dates):

- ☐ Surgery _____
- ☐ Chemotherapy _____
- ☐ Radiation therapy _____
- ☐ Hormone therapy _____
- ☐ Immunotherapy / targeted _____
- ☐ Other _____

The order of my treatment (note if any happen at the same time, e.g. chemo with radiation):

_____

_____

_____

Which inserts do I need?

This journal includes a dedicated insert for each treatment — radiation (page 30), chemotherapy (page 32), and surgery (page 34). Use the inserts that match the boxes you ticked above; skip the ones you don't need.

WHO'S IN MY CORNER

BRING TO APPOINTMENTS

My Care Team & Key Contacts

Name	Role	Phone / contact
Dr. A. Rivera	*Radiation oncologist*	*(555) 010-2211* EXAMPLE

Main contact between visits: _____

After-hours / urgent line: _____

Pharmacy: _____

Social worker / navigator: _____

Scheduling / billing: _____

Patient portal (site & username only): _____

Tip: keep passwords out of this journal — it travels with you. Write only the portal address and username here.

WHAT I'M TAKING

BRING TO APPOINTMENTS

Medications & Allergies

Include prescriptions, over-the-counter medicines, vitamins, and supplements — your team needs the whole list.

Medication / supplement	Dose	What it's for	When
Anti-nausea tablet (as prescribed)	*—*	*Nausea*	*As needed* EXAMPLE

Allergies / reactions: _____

_____

_____

BEFORE TREATMENT STARTS

My Baseline

Take a few minutes before treatment begins to note anything you already feel — fatigue, pain, sleep trouble, anything. It gives your team a starting point, so changes during treatment are easy to spot. Share it at your next visit.

Rating key (0–4)

- **0 =** I did not have this symptom today
- **1 =** Very mild, or barely happened
- **2 =** Happened often, but did not get in the way of my day
- **3 =** Stopped me from doing some things, but I could manage it
- **4 =** Bad — it stopped me from functioning for much of the day

Symptom I already have	Rating (0–4)	Notes
Tired in the afternoons	*2*	*Started around diagnosis* EXAMPLE

Ask your team: which symptoms should I keep the closest eye on? _____

BEFORE I FORGET

BRING TO APPOINTMENTS

Questions & Appointment Prep

Jot questions as they come; check them off when answered.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Stay ahead of side effects

A supportive-care question worth asking early: “How will we prevent or manage the side effects of this treatment — skin, mouth, nausea, fatigue, nutrition — before they get bad?”

To bring: ID & insurance card · medication list · this journal · someone with me

SECTION B

Logistics & Support

THE PRACTICAL SIDE

Insurance, Costs & Documents

Insurance provider: _____

Member ID / group: _____

Customer service phone: _____

Documents to keep handy:

- ☐ Insurance card & ID
- ☐ Treatment plan / summary
- ☐ Test & scan results
- ☐ Bills & explanation-of-benefits

Costs to track:

Date	What for	Amount
6/12	*Parking, visit 3*	*$14* EXAMPLE

KNOW YOUR RIGHTS

Your Rights & Where to Get Free Help

You may have more rights, and more free help, than you realize. This is awareness, not legal advice — for your situation, reach out to one of the free services below.

Protections that may apply (eligibility and details vary by state):

- **Time off work:** FMLA may give eligible employees up to 12 weeks of unpaid, job-protected leave, with health insurance kept up.
- **Workplace:** the ADA may require reasonable accommodations and protect against disability discrimination.
- **Keeping coverage:** COBRA may let you keep insurance after you leave or lose a job (you pay the premiums).
- **Denied claims:** you have the right to appeal — and if the appeal fails, your state insurance department may help.
- **Benefits:** an oncology social worker can help you understand and apply for benefits you qualify for.

Free expert help (you don't have to pay a lawyer):

- Triage Cancer — free legal & financial navigation — triagecancer.org
- Patient Advocate Foundation — free case management — patientadvocate.org
- Cancer Legal Resource Center — free helpline — thedrlc.org
- CancerCare social workers — cancercare.org — 1-800-813-4673
- Find local free legal aid — lawhelp.org

Awareness, not legal advice

This page points you toward rights and free help; it isn't legal advice, and laws and eligibility vary. For your situation, contact one of the free services above or a qualified attorney.

WHEN A CLAIM IS DENIED

Insurance Denials & Appeals Tracker

Appeals are time-sensitive — track every deadline. A free navigator or attorney (previous page) can help you file.

Steps that usually help:

- ☐ Get the denial reason in writing, and the exact appeal deadline.
- ☐ Ask your doctor for a letter of medical necessity and supporting research.
- ☐ Keep copies of everything; note who you spoke with, and when.

Date	Claim / service	Denial reason	Appeal by	Outcome

Insurer appeals line: _____

My advocate / attorney: _____

I DON'T DO THIS ALONE

My People & Help

When someone asks “what can I do?”, having real tasks ready makes it easy to say yes.

Person	How they help	Contact
Maya (neighbor)	*Rides on Tuesdays*	*(555) 010-8890* EXAMPLE

Help I could use (rides, meals, childcare, errands, company):

SECTION C

During Treatment

APPOINTMENT LOG

PRINT EXTRA COPIES AS NEEDED

Appointment Notes

Bring this to each visit. You'll have many appointments — six spaces here; print extra copies as you go.

Appointment 1

Date _____ **Who I saw** _____ **Why / what was done** _____

Notes — what they told me:

Next steps / new questions:

Appointment 2

Date _____ **Who I saw** _____ **Why / what was done** _____

Notes — what they told me:

Next steps / new questions:

Appointment 3

Date _____ **Who I saw** _____ **Why / what was done** _____

Notes — what they told me:

Next steps / new questions:

Appointment 4

Date _____ **Who I saw** _____ **Why / what was done** _____

Notes — what they told me:

Next steps / new questions:

Appointment 5

Date _____ **Who I saw** _____ **Why / what was done** _____

Notes — what they told me:

Next steps / new questions:

Appointment 6

Date _____ **Who I saw** _____ **Why / what was done** _____

Notes — what they told me:

Next steps / new questions:

HOW I'M FEELING

PRINT EXTRA COPIES AS NEEDED

Symptom & Side-Effect Tracker

Note what you feel, how strong (0–4), and what helped. This scale matches how care teams grade symptoms, so your notes are easy for them to act on.

Rating key (0–4)

- **0 =** I did not have this symptom today
- **1 =** Very mild, or barely happened
- **2 =** Happened often, but did not get in the way of my day
- **3 =** Stopped me from doing some things, but I could manage it
- **4 =** Bad — it stopped me from functioning for much of the day

Date	Symptom	0–4	What helped
6/14	*Nausea after infusion*	*2*	*Crackers, rest, short nap* EXAMPLE

AT A GLANCE

PRINT EXTRA COPIES AS NEEDED

Daily Quick-Tracker

A fast daily check-in for treatment weeks — two pages here (about a month). Rate your top symptom 0–4 using the key on page 17.

Date	Energy 1–10	Top symptom (0–4)	Meds taken	Notes
6/14	*6*	*Nausea — 2*	*Yes*	*Better by evening* EXAMPLE

AT A GLANCE

Daily Quick-Tracker (continued)

Date	Energy 1–10	Top symptom (0–4)	Meds taken	Notes

FUEL & RECOVERY

PRINT EXTRA COPIES AS NEEDED

Nutrition & Hydration Tracker

Eating and drinking enough protects your strength.

Date	Meals / appetite	Fluids	Bowel	Notes
6/14	*2 small meals, low appetite*	*6 cups*	*OK*	EXAMPLE *Smoothie went down easy*

NUMBERS WORTH WATCHING

PRINT EXTRA COPIES AS NEEDED

Vital Signs Tracker

Some treatments come with a request to check vital signs at home — most often temperature, sometimes blood pressure or weight. Ask your team which to track and what number should trigger a call, then write that threshold below so it's never a guess.

Call my team if: (e.g. temperature at or above _____) _____

Date	Time	Vital sign	Measurement	Notes
6/14	*8 am*	*Temperature*	*98.6°F*	*Feeling fine* EXAMPLE

During chemotherapy, a fever can be urgent even if you feel okay — if you hit your team's threshold, call. Don't wait for the next appointment.

BODY & MIND

PRINT EXTRA COPIES AS NEEDED

Weekly Check-In

One quick check-in a week, with room for six weeks here.

Week 1 — week of: _____

Energy / sleep / appetite:

Mood & spirits:

A win, a hard moment, anything to tell my team:

Week 2 — week of: _____

Energy / sleep / appetite:

Mood & spirits:

A win, a hard moment, anything to tell my team:

Week 3 — week of: _____

Energy / sleep / appetite:

Mood & spirits:

A win, a hard moment, anything to tell my team:

Week 4 — week of: _____

Energy / sleep / appetite:

Mood & spirits:

A win, a hard moment, anything to tell my team:

Week 5 — week of: _____

Energy / sleep / appetite:

Mood & spirits:

A win, a hard moment, anything to tell my team:

Week 6 — week of: _____

Energy / sleep / appetite:

Mood & spirits:

A win, a hard moment, anything to tell my team:

CLOSE THE LOOP

A FEW MINUTES, ONCE A MONTH

Monthly Look-Back: What Helped

Once a month, look over your trackers and note what you tried and whether it worked. This turns your notes into decisions — keep what helps, drop what doesn't, and bring the rest to your team.

This month, overall I felt: 1 2 3 4 5 (1 = rough · 5 = pretty good)

Something I tried	For what	Did it help?
Small meals every 3 hrs	*Nausea*	*Yes — keeping it* EXAMPLE

Side effects or symptoms that are new or getting worse:

What I want to ask my team at the next appointment:

One thing that lifted me up this month:

SECTION D

Recovery & Beyond

A MOMENT TO PAUSE

Finishing Treatment & Recovery

Finishing treatment is a milestone worth marking — and the start of a slower chapter. Recovery isn't a switch that flips; energy and mood return gradually and unevenly, and that's normal. Tracking gently shows the progress you can't always feel day to day.

My last treatment date

How I marked the moment (bell, dinner, quiet walk — anything)

How I'm feeling as this chapter changes:

Weekly recovery tracker — a little better most weeks is the goal

Week	Energy 1–10	Sleep 1–10	Mood 1–10	Notes

If energy, mood, or sleep aren't slowly improving after a couple of months — or the worry feels heavy — that's worth telling your team. Support exists for this part too.

KEEPING WATCH

Follow-Up & Survivorship

After treatment, care shifts to scheduled check-ins and scans. Many centers can give you a written survivorship care plan — ask for one, and keep its key points here.

My survivorship plan

Who leads my follow-up care _____

How often I'm seen _____

Tests / scans on my schedule, and when: _____

Signs or symptoms my team wants me to report: _____

_____

Follow-up visits & tests

Date	Appointment / test	Result / next step

Worth asking your team about:

- ☐ Late or long-term effects to watch for
- ☐ My follow-up schedule & who manages it
- ☐ Support for energy, exercise, and getting back to life
- ☐ Emotional support for the worry that can linger

LOOKING FORWARD

Hopes & Goals

Forward can be a future full of plans, or simply the next good day — there is no right size for hope. Use this page however feels true to you, and come back whenever you're ready.

Something I'm looking forward to, big or small:

Someone, or something, I'm grateful for:

A hope I'm holding onto:

What I want to remember from all this:

You carried this

However your journey has unfolded, you showed up for it — one page, one day at a time. That matters, and so do you.

WHERE TO TURN

Support & Information

- National Cancer Institute — cancer.gov — 1-800-422-6237
- American Cancer Society — cancer.org — 1-800-227-2345 (24/7)
- CancerCare — cancercare.org — 1-800-813-4673

You matter too

If you're ever overwhelmed or thinking about harming yourself, you deserve immediate support. In the US, call or text 988 (Suicide & Crisis Lifeline), any time.

PART TWO

Treatment Inserts

Dedicated trackers for each kind of treatment — use only the ones that match your plan.

It's normal for a plan to change — if a new treatment is added later, its insert will be here waiting. The 0–4 rating key on page 17 works for every insert.

Radiation Therapy Plan & Tracker

MY TREATMENT

My Radiation Therapy Plan

Ask your radiation oncology team to help fill this in — they have all these numbers. Having them recorded helps at future visits, second opinions, and long-term follow-up.

Treatment intent

- ☐ Curative / definitive
- ☐ Palliative

Technique / modality

- ☐ 3D-CRT
- ☐ IMRT / VMAT
- ☐ SBRT
- ☐ SRS / SRT
- ☐ Brachytherapy
- ☐ Electrons
- ☐ Protons
- ☐ Other

Treatment site / target: _____

Total dose (Gy) _____

Dose per fraction (Gy) _____

Number of fractions _____

Boost dose / fractions (if any) _____

Beam energy (e.g. 6 MV, 9 MeV) _____

Concurrent therapy

- ☐ None
- ☐ Chemotherapy
- ☐ Hormone therapy
- ☐ Immunotherapy
- ☐ Targeted therapy
- ☐ Other

Agent / drug name(s): _____

Radiation oncologist _____

Center / machine _____

Before treatment — tell your team if any of these apply:

- ☐ Implanted cardiac or electronic device (pacemaker, ICD, neurostimulator, pump)
- ☐ Pregnant, or any chance of pregnancy (if able to become pregnant)
- ☐ Taking blood thinners or other key medications
- ☐ Allergies / past reactions to contrast, anesthesia, or drugs
- ☐ Other implants or metal in the area, or prior radiation here

Tell your radiation team before treatment so they can screen and take precautions (e.g. monitoring for a pacemaker/ICD, confirming pregnancy status). A reminder to disclose — not the consent form your center will have you sign.

TRACKING THE COURSE

Dose & Scan Tracker

Tick each fraction as you complete it, and log your scans. This is your personal record — your team keeps the official one.

Key dates

CT simulation (planning scan) _____

First treatment _____

Last treatment (expected) _____

Primary course — tick each fraction as you go:

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40

Primary dose delivered (Gy) _____

Primary dose planned (Gy) _____

Boost (if planned) — often re-simulated with a new CT

Boost CT re-sim date _____

Boost dose delivered (Gy) _____

Boost dose planned (Gy) _____

Boost fractions — tick each:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Scans & imaging

Date	Scan (planning CT / CT / MRI / PET / restaging)	Result / next step

Medical disclaimer: Educational and organizational use only. Always follow the guidance of your own radiation oncology and healthcare team. LifeAtomiX is independent, with no institutional affiliation.

Chemotherapy Plan & Tracker

MY TREATMENT

My Chemotherapy Plan

Ask your oncology team to help fill this in. Keeping your regimen and cycles in one place makes every visit easier.

Treatment intent

☐ Curative ☐ Adjuvant ☐ Neoadjuvant ☐ Palliative

Regimen name: _____

Drugs / agents: _____

How it's given

☐ IV infusion ☐ Oral ☐ Port-a-cath ☐ PICC / line

Cycle length (e.g. every 21 days) _____

Number of cycles planned _____

Start date _____

Expected end _____

Pre-meds / anti-nausea: _____

Growth factor / other support: _____

Concurrent therapy

☐ None ☐ Radiation ☐ Hormone ☐ Immuno / targeted

Oncologist _____

Infusion center _____

Before treatment — tell your team if any of these apply:

- ☐ Implanted cardiac or electronic device (pacemaker, ICD, neurostimulator, pump)
- ☐ Pregnant, or any chance of pregnancy (if able to become pregnant)
- ☐ Taking blood thinners or other key medications
- ☐ Allergies / past reactions to contrast, anesthesia, or drugs
- ☐ Recent infection, fever, or a recent vaccine

Tell your team before starting so they can confirm pregnancy status and manage any device, medication, or infection risk. A reminder to disclose — not a consent form.

TRACKING THE COURSE

Cycle & Lab Tracker

Log each cycle, your blood counts, and any dose changes. Patterns help your team keep you safe.

Cycle	Date	Key labs (WBC / ANC / Plt)	Dose change?	Side effects / notes

When to call right away

During chemo your infection defenses can drop. Call your team immediately for a fever of 100.4°F (38°C) or higher, shaking chills, or any sign of infection — don't wait. Keep their urgent number where you can find it.

Allergies / reactions: _____

Surgery Plan & Recovery

MY OPERATION

My Surgery Plan

A place to keep the details of your operation and recovery. Ask your surgical team to help fill in anything you're unsure of.

Procedure: _____

Purpose

☐ Curative ☐ Diagnostic / biopsy ☐ Debulking ☐ Palliative

Surgeon _____ **Hospital** _____ **Date** _____

Approach

☐ Open ☐ Minimally invasive ☐ Robotic ☐ Other

Anesthesia

☐ General ☐ Regional ☐ Local / sedation

Getting ready (confirm with your team)

☐ When to stop eating / drinking before surgery (NPO time): _____

☐ Which medications to stop, and when (especially blood thinners): _____

☐ Pre-op tests / clearance done: _____

☐ Ride home and help at home arranged: _____

Before treatment — tell your team if any of these apply:

☐ Implanted cardiac or electronic device (pacemaker, ICD, neurostimulator, pump)

☐ Pregnant, or any chance of pregnancy (if able to become pregnant)

☐ Taking blood thinners or other key medications

☐ Allergies / past reactions to contrast, anesthesia, or drugs

☐ Past problem with anesthesia; sleep apnea or breathing issues

Tell your surgical and anesthesia team beforehand so they can confirm pregnancy status, manage devices or blood thinners, and plan safely. A reminder to disclose — not the consent form your hospital will have you sign.

AFTER SURGERY

Recovery & Follow-Up

Track how recovery is going and keep your follow-up details in one place.

Pathology / results: _____

Drains / wound care: _____

Recovery tracker

Date	Pain 1–10	Activity / energy	Notes

Follow-up appointments

Date	Who / why	Outcome / next step

When to call your team

Call for a fever, increasing pain, redness, swelling, or drainage from the incision, bleeding that won't stop, or trouble breathing — these can signal a problem that needs attention.

LifeAtomiX

Evidence-based supportive cancer care, designed to begin at diagnosis — for patients, caregivers, and the teams who care for them.

lifeatomix.com