



# SYMPTOM CHECKLIST SINCE YOUR RADIOTHERAPY

Use this checklist for when you talk to your GP, cancer team or other professional about any symptoms you are experiencing after radiotherapy treatment that covered your pelvic region – however recent or long ago that treatment was.

<b>What type of cancer(s) did you have radiotherapy for? Write the approximate month(s) and year(s) when you had the treatment(s)</b>	
Prostate	
Cervical	
Bowel (including Rectal or Anal cancer)	
Bladder	
Endometrial (Uterine or Womb) or Vulval or Vaginal	
Testicular or Penile	
A blood cancer e.g. Lymphoma	
Another primary cancer e.g. Sarcoma, Ovarian	
A cancer that spread to your pelvic area	
Other	

<b>Where applicable, tick any symptom that has been causing you problems</b> <input checked="" type="checkbox"/>	<b>This causes me:</b>		
	<b>no problems</b>	<b>a few problems</b>	<b>a lot of problems</b>
Bleeding from your bottom (or blood in your stool)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding from your bladder (e.g. blood in your urine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding from your vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose bowel motions, diarrhoea or bad constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain or cramps in your stomach, belly or bowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waking up at night for a bowel motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needing to rush to the toilet for a bowel motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having bowel accidents or leakage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling sick or being sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where applicable, tick any symptom that has been causing you problems <input checked="" type="checkbox"/>	This causes me:		
	no problems	a few problems	a lot of problems
Passing a lot of wind (flatulence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needing to pass urine often or urgently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having bladder accidents or leakage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain or difficulty in passing urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swelling in one or both legs, or swelling of your genitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain or difficulty in having sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with getting or maintaining an erection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain or numbness in your hips, pelvis, lower back or legs and/or mobility problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot flushes or other hormonal symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tired, exhausted or fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with practical issues, personal finances, employment or education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other symptom you are concerned about, or other notes for your health care team's attention:			

Name .....

Date .....

**Note: Pelvic Radiation Disease can be defined as symptoms starting or continuing 3 months or more after the end of radiotherapy. Sometimes they start many years or decades after radiotherapy.**



Information and support is available from the Pelvic Radiation Disease Association. For more information or visit [prda.org.uk](http://prda.org.uk) or scan the QR code.

Visit our website to access the PRD **Best Practice Pathway**, designed to help healthcare professionals address the holistic needs of people affected by long-term side effects of pelvic radiotherapy.

