



MEDICATION TRACKER

NAME _____

DOB _____

PHN _____





PAIN MANAGEMENT

There are three simple goals for pain management;

- A good nights sleep
- Pain control during the day while at rest and
- Pain control when they are active and ambulatory

A breakthrough medication is one you take when your regular medication isn't quite enough. It can also be taken when planning an activity that you know may induce pain (this type of pain is called "incident pain").

Continuous pain requires continuous pain medication: your doctor may consider prescribing regular doses rather than just "as needed" doses.

My Long Acting Medication is: _____

My Breakthrough Pain Medication is: _____

Date: _____

CHART BREAKTHROUGH USE HERE

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



PAIN MANAGEMENT

There are three simple goals for pain management;

- A good nights sleep
- Pain control during the day while at rest and
- Pain control when they are active and ambulatory

A breakthrough medication is one you take when your regular medication isn't quite enough. It can also be taken when planning an activity that you know may induce pain (this type of pain is called "incident pain").

Continuous pain requires continuous pain medication: your doctor may consider prescribing regular doses rather than just "as needed" doses.

My Long Acting Medication is: _____

My Breakthrough Pain Medication is: _____

Date: _____

CHART BREAKTHROUGH USE HERE

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



PAIN MANAGEMENT

There are three simple goals for pain management;

- A good nights sleep
- Pain control during the day while at rest and
- Pain control when they are active and ambulatory

A breakthrough medication is one you take when your regular medication isn't quite enough. It can also be taken when planning an activity that you know may induce pain (this type of pain is called "incident pain").

Continuous pain requires continuous pain medication: your doctor may consider prescribing regular doses rather than just "as needed" doses.

My Long Acting

Medication is: _____

My Breakthrough

Pain Medication is: _____

Date: _____

CHART BREAKTHROUGH USE HERE

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



PAIN MANAGEMENT

There are three simple goals for pain management;

- A good nights sleep
- Pain control during the day while at rest and
- Pain control when they are active and ambulatory

A breakthrough medication is one you take when your regular medication isn't quite enough. It can also be taken when planning an activity that you know may induce pain (this type of pain is called "incident pain").

Continuous pain requires continuous pain medication: your doctor may consider prescribing regular doses rather than just "as needed" doses.

My Long Acting Medication is: _____

My Breakthrough Pain Medication is: _____

Date: _____

CHART BREAKTHROUGH USE HERE

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



PAIN MANAGEMENT

There are three simple goals for pain management;

- A good nights sleep
- Pain control during the day while at rest and
- Pain control when they are active and ambulatory

A breakthrough medication is one you take when your regular medication isn't quite enough. It can also be taken when planning an activity that you know may induce pain (this type of pain is called "incident pain").

Continuous pain requires continuous pain medication: your doctor may consider prescribing regular doses rather than just "as needed" doses.

My Long Acting

Medication is: _____

My Breakthrough

Pain Medication is: _____

Date: _____

CHART BREAKTHROUGH USE HERE

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								





SHORTNESS OF BREATH

My Long Acting Medication is: _____

My Breakthrough Shortness of Breath Medication is: _____

Date: _____

Up to 80% of patients with cancer (of any type) experience shortness of breath.

Proven therapies for shortness of breath include opioids (morphine type medications).

A fan sometimes helps relieve shortness of breath.

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



SHORTNESS OF BREATH

My Long Acting
Medication is: _____

My Breakthrough Shortness
of Breath Medication is: _____

Date: _____

Up to 80% of patients with cancer (of any type) experience shortness of breath.

Proven therapies for shortness of breath include opioids (morphine type medications).

A fan sometimes helps relieve shortness of breath.

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



SHORTNESS OF BREATH

My Long Acting Medication is: _____

My Breakthrough Shortness of Breath Medication is: _____

Date: _____

Up to 80% of patients with cancer (of any type) experience shortness of breath.

Proven therapies for shortness of breath include opioids (morphine type medications).

A fan sometimes helps relieve shortness of breath.

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



SHORTNESS OF BREATH

My Long Acting Medication is: _____

My Breakthrough Shortness of Breath Medication is: _____

Date: _____

Up to 80% of patients with cancer (of any type) experience shortness of breath.

Proven therapies for shortness of breath include opioids (morphine type medications).

A fan sometimes helps relieve shortness of breath.

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



SHORTNESS OF BREATH

My Long Acting Medication is: _____

My Breakthrough Shortness of Breath Medication is: _____

Date: _____

Up to 80% of patients with cancer (of any type) experience shortness of breath.

Proven therapies for shortness of breath include opioids (morphine type medications).

A fan sometimes helps relieve shortness of breath.

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
MON																									
TUES																									
WED																									
THURS																									
FRI																									
SAT																									
SUN																									





NAUSEA MANAGEMENT

My Long Acting
Medication is: _____

My Breakthrough
Nausea Medication is: _____

Date: _____

There are many reasons for
Nausea.

The best treatment for nausea
is rarely Gravol!

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



NAUSEA MANAGEMENT

My Long Acting
Medication is: _____

My Breakthrough
Nausea Medication is: _____

Date: _____

There are many reasons for
Nausea.

The best treatment for nausea
is rarely Gravol!

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



NAUSEA MANAGEMENT

My Long Acting
Medication is: _____

My Breakthrough
Nausea Medication is: _____

Date: _____

There are many reasons for
Nausea.

The best treatment for nausea
is rarely Gravol!

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



NAUSEA MANAGEMENT

My Long Acting
Medication is: _____

My Breakthrough
Nausea Medication is: _____

Date: _____

There are many reasons for
Nausea.

The best treatment for nausea
is rarely Gravol!

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
MON																									
TUES																									
WED																									
THURS																									
FRI																									
SAT																									
SUN																									



NAUSEA MANAGEMENT

My Long Acting
Medication is: _____

My Breakthrough
Nausea Medication is: _____

Date: _____

There are many reasons for
Nausea.

The best treatment for nausea
is rarely Gravol!

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								





OTHER SYMPTOM

My Symptom is: _____

My Long Acting Medication is: _____

My Breakthrough Medication is: _____

Date: _____

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



OTHER SYMPTOM

My Symptom is: _____

My Long Acting Medication is: _____

My Breakthrough Medication is: _____

Date: _____

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



OTHER SYMPTOM

My Symptom is: _____

My Long Acting Medication is: _____

My Breakthrough Medication is: _____

Date: _____

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



OTHER SYMPTOM

My Symptom is: _____

My Long Acting Medication is: _____

My Breakthrough Medication is: _____

Date: _____

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



OTHER SYMPTOM

My Symptom is: _____

My Long Acting Medication is: _____

My Breakthrough Medication is: _____

Date: _____

	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
MON																								
TUES																								
WED																								
THURS																								
FRI																								
SAT																								
SUN																								



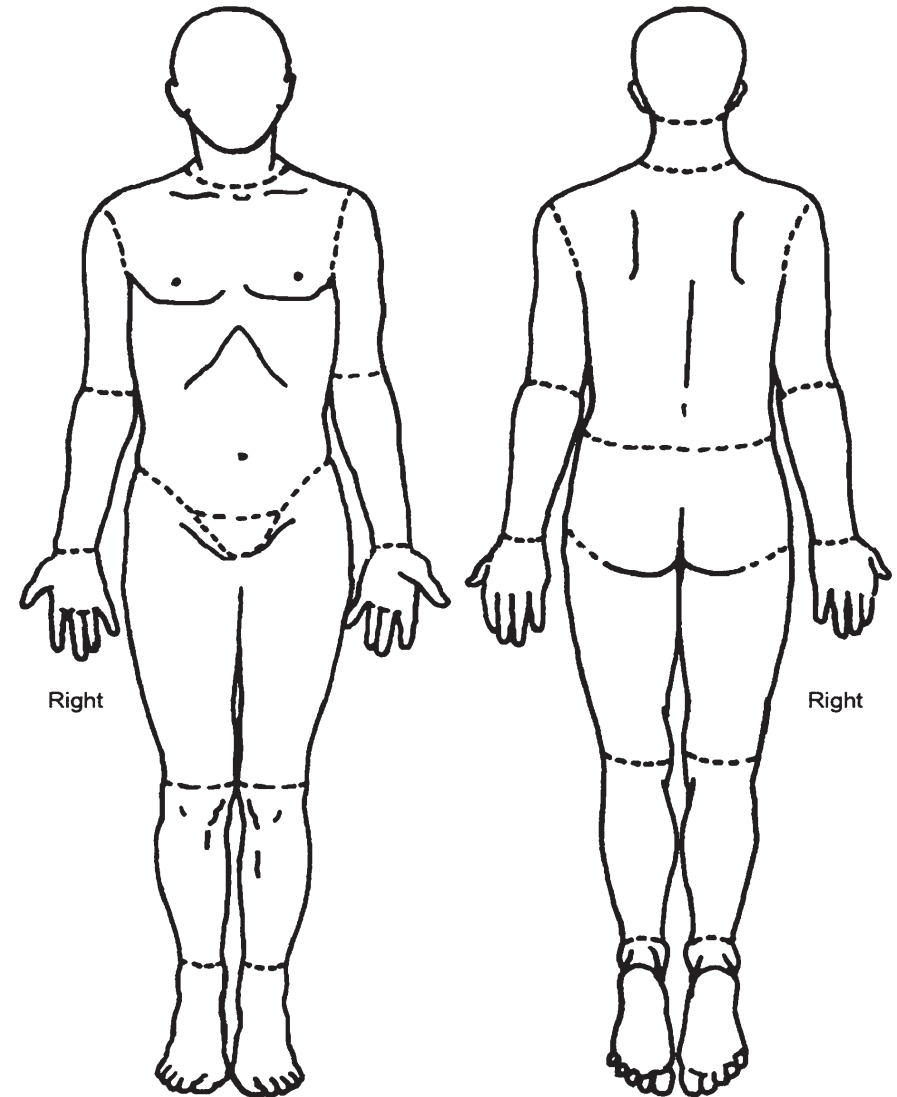


EDMONTON SYMPTOM ASSESSMENT SYSTEM (ESAS-R)

Please circle the number that best describes how you feel NOW:

NO PAIN	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE PAIN
NO TIREDNESS	1 2 3 4 5 6 7 8 9 10 <i>(Tiredness = lack of energy)</i>	WORST POSSIBLE TIREDNESS
NO DROWSINESS	1 2 3 4 5 6 7 8 9 10 <i>(Drowsiness = feeling sleepy)</i>	WORST POSSIBLE DROWSINESS
NO NAUSEA	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE NAUSEA
NO LACK OF APPETITE	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE LACK OF APPETITE
NO SHORTNESS OF BREATH	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE SHORTNESS OF BREATH
NO DEPRESSION	1 2 3 4 5 6 7 8 9 10 <i>(Depression = feeling sad)</i>	WORST POSSIBLE DEPRESSION
NO ANXIETY	1 2 3 4 5 6 7 8 9 10 <i>(Anxiety = feeling nervous)</i>	WORST POSSIBLE ANXIETY
BEST WELL BEING	1 2 3 4 5 6 7 8 9 10 <i>(Well being = how you feel overall)</i>	WORST POSSIBLE WELL BEING
NO OTHER PROBLEM	1 2 3 4 5 6 7 8 9 10 <i>[for example constipation]</i>	WORST POSSIBLE PROBLEM

Please mark on these pictures where it is that you hurt:



Patient Health care professional caregiver
 Family caregiver Caregiver-assisted

Name: _____ Date: _____ Time: _____

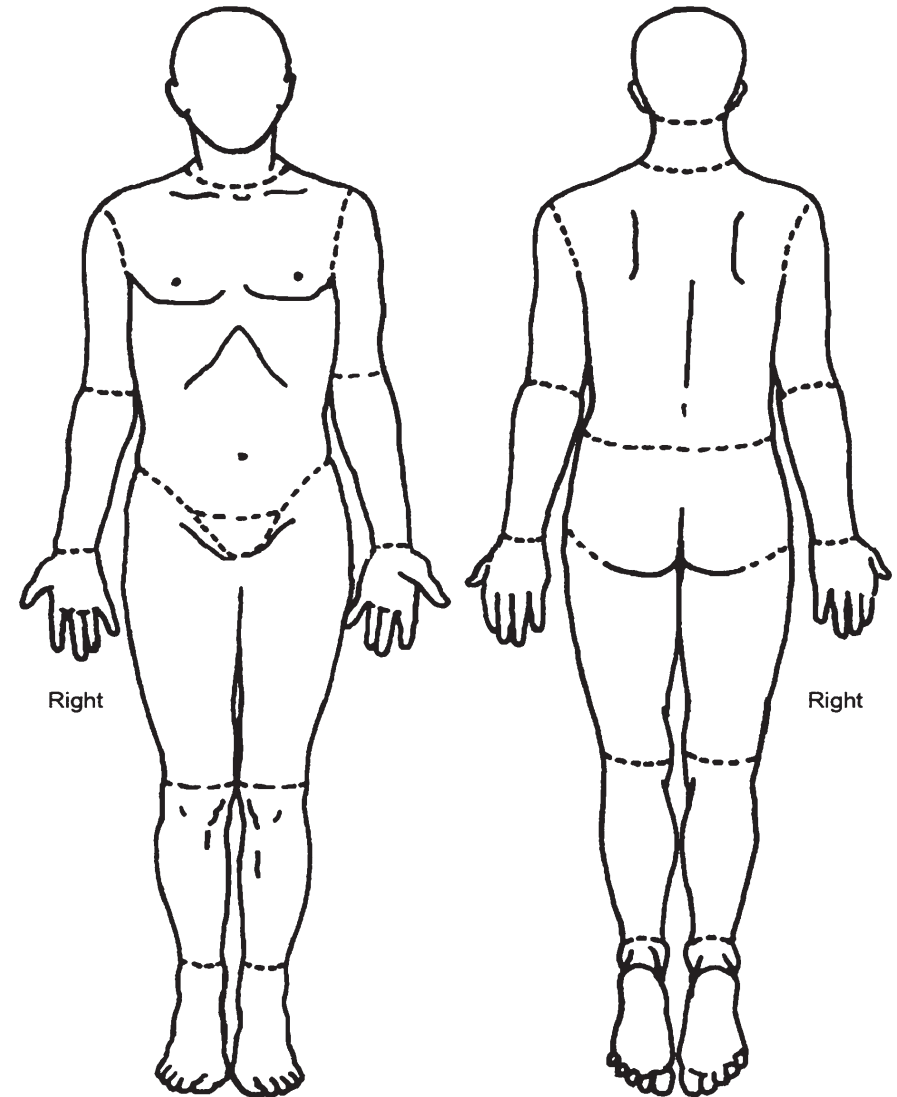
Completed by: _____

EDMONTON SYMPTOM ASSESSMENT SYSTEM (ESAS-R)

Please circle the number that best describes how you feel NOW:

Please mark on these pictures where it is that you hurt:

NO PAIN	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE PAIN
NO TIREDNESS	1 2 3 4 5 6 7 8 9 10 <i>(Tiredness = lack of energy)</i>	WORST POSSIBLE TIREDNESS
NO DROWSINESS	1 2 3 4 5 6 7 8 9 10 <i>(Drowsiness = feeling sleepy)</i>	WORST POSSIBLE DROWSINESS
NO NAUSEA	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE NAUSEA
NO LACK OF APPETITE	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE LACK OF APPETITE
NO SHORTNESS OF BREATH	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE SHORTNESS OF BREATH
NO DEPRESSION	1 2 3 4 5 6 7 8 9 10 <i>(Depression = feeling sad)</i>	WORST POSSIBLE DEPRESSION
NO ANXIETY	1 2 3 4 5 6 7 8 9 10 <i>(Anxiety = feeling nervous)</i>	WORST POSSIBLE ANXIETY
BEST WELL BEING	1 2 3 4 5 6 7 8 9 10 <i>(Well being = how you feel overall)</i>	WORST POSSIBLE WELL BEING
NO OTHER PROBLEM	1 2 3 4 5 6 7 8 9 10 <i>[for example constipation]</i>	WORST POSSIBLE PROBLEM



Name: _____ Date: _____ Time: _____

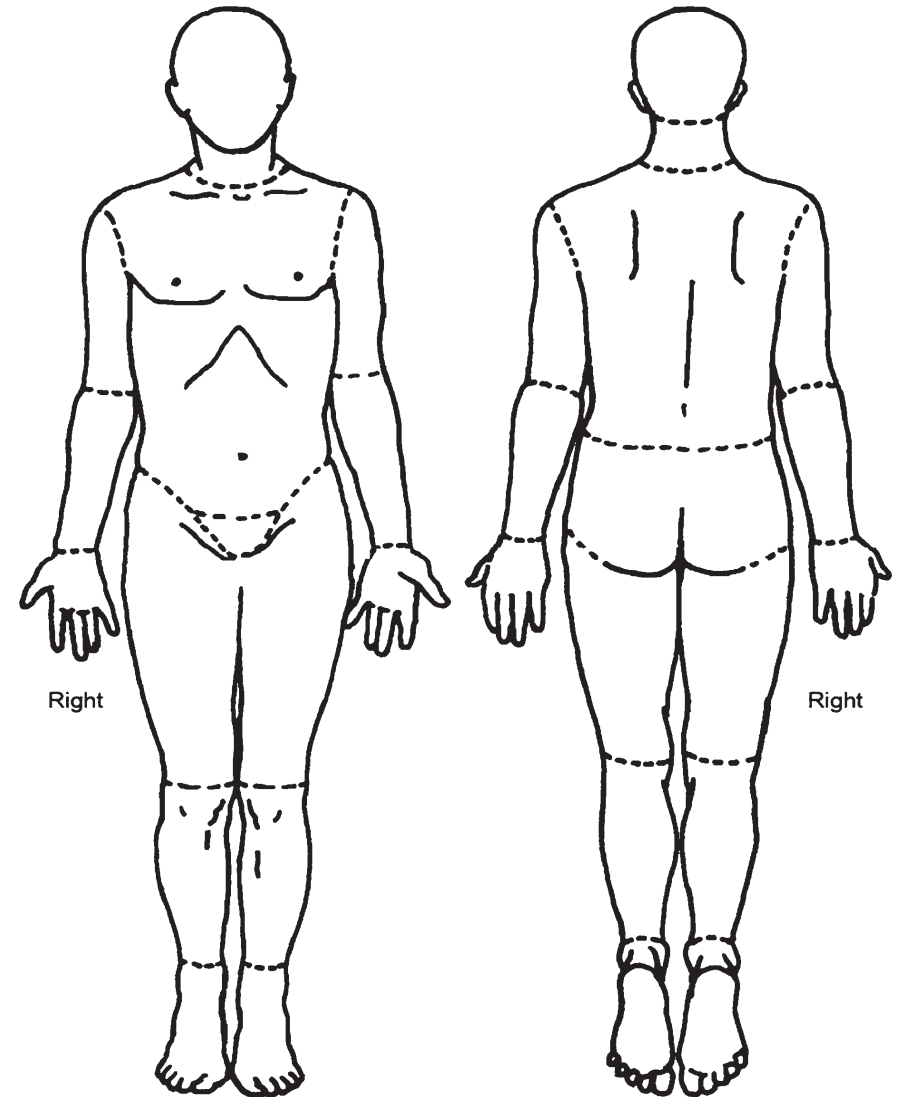
Completed by: Patient Health care professional caregiver
 Family caregiver Caregiver-assisted

EDMONTON SYMPTOM ASSESSMENT SYSTEM (ESAS-R)

Please circle the number that best describes how you feel NOW:

Please mark on these pictures where it is that you hurt:

NO PAIN	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE PAIN
NO TIREDNESS	1 2 3 4 5 6 7 8 9 10 <i>(Tiredness = lack of energy)</i>	WORST POSSIBLE TIREDNESS
NO DROWSINESS	1 2 3 4 5 6 7 8 9 10 <i>(Drowsiness = feeling sleepy)</i>	WORST POSSIBLE DROWSINESS
NO NAUSEA	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE NAUSEA
NO LACK OF APPETITE	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE LACK OF APPETITE
NO SHORTNESS OF BREATH	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE SHORTNESS OF BREATH
NO DEPRESSION	1 2 3 4 5 6 7 8 9 10 <i>(Depression = feeling sad)</i>	WORST POSSIBLE DEPRESSION
NO ANXIETY	1 2 3 4 5 6 7 8 9 10 <i>(Anxiety = feeling nervous)</i>	WORST POSSIBLE ANXIETY
BEST WELL BEING	1 2 3 4 5 6 7 8 9 10 <i>(Well being = how you feel overall)</i>	WORST POSSIBLE WELL BEING
NO OTHER PROBLEM	1 2 3 4 5 6 7 8 9 10 <i>[for example constipation]</i>	WORST POSSIBLE PROBLEM



Name: _____ Date: _____ Time: _____

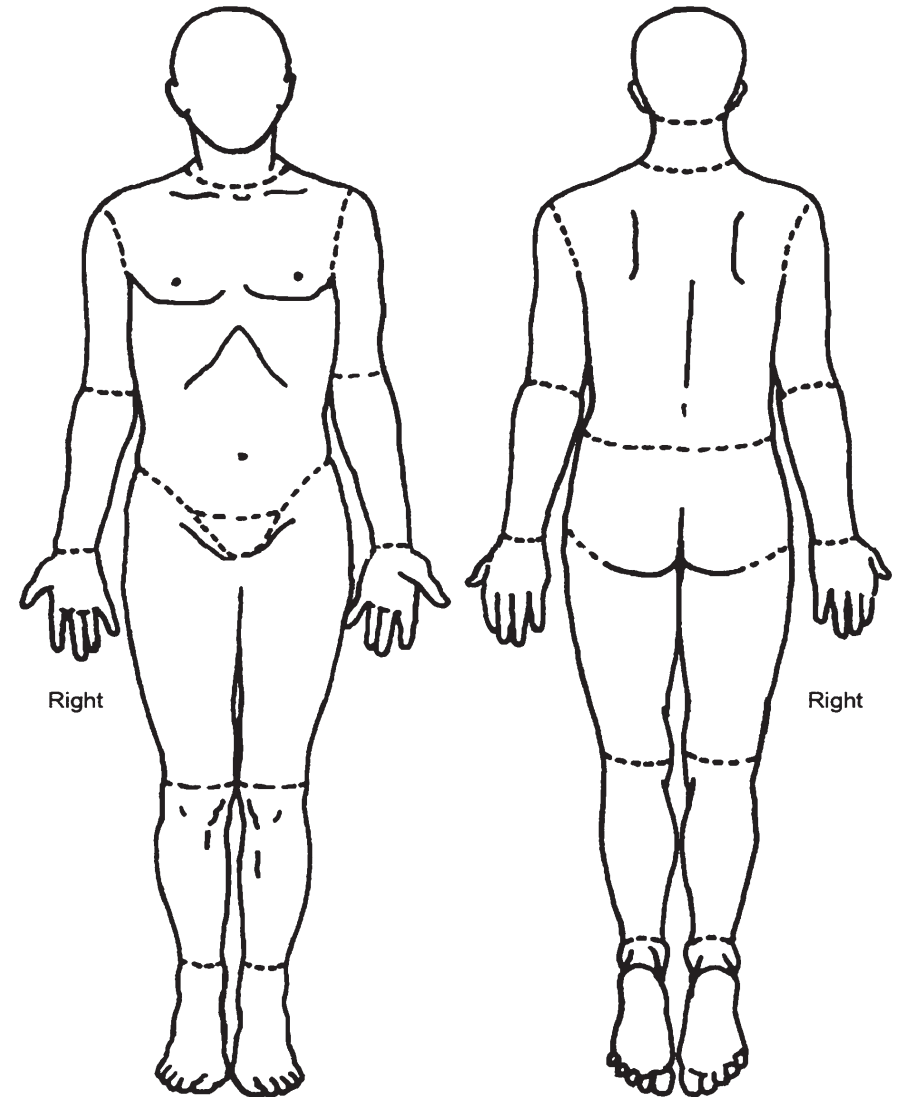
Completed by: Patient Health care professional caregiver
 Family caregiver Caregiver-assisted

EDMONTON SYMPTOM ASSESSMENT SYSTEM (ESAS-R)

Please circle the number that best describes how you feel NOW:

Please mark on these pictures where it is that you hurt:

NO PAIN	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE PAIN
NO TIREDNESS	1 2 3 4 5 6 7 8 9 10 <i>(Tiredness = lack of energy)</i>	WORST POSSIBLE TIREDNESS
NO DROWSINESS	1 2 3 4 5 6 7 8 9 10 <i>(Drowsiness = feeling sleepy)</i>	WORST POSSIBLE DROWSINESS
NO NAUSEA	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE NAUSEA
NO LACK OF APPETITE	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE LACK OF APPETITE
NO SHORTNESS OF BREATH	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE SHORTNESS OF BREATH
NO DEPRESSION	1 2 3 4 5 6 7 8 9 10 <i>(Depression = feeling sad)</i>	WORST POSSIBLE DEPRESSION
NO ANXIETY	1 2 3 4 5 6 7 8 9 10 <i>(Anxiety = feeling nervous)</i>	WORST POSSIBLE ANXIETY
BEST WELL BEING	1 2 3 4 5 6 7 8 9 10 <i>(Well being = how you feel overall)</i>	WORST POSSIBLE WELL BEING
NO OTHER PROBLEM	1 2 3 4 5 6 7 8 9 10 <i>[for example constipation]</i>	WORST POSSIBLE PROBLEM



Name: _____ Date: _____ Time: _____

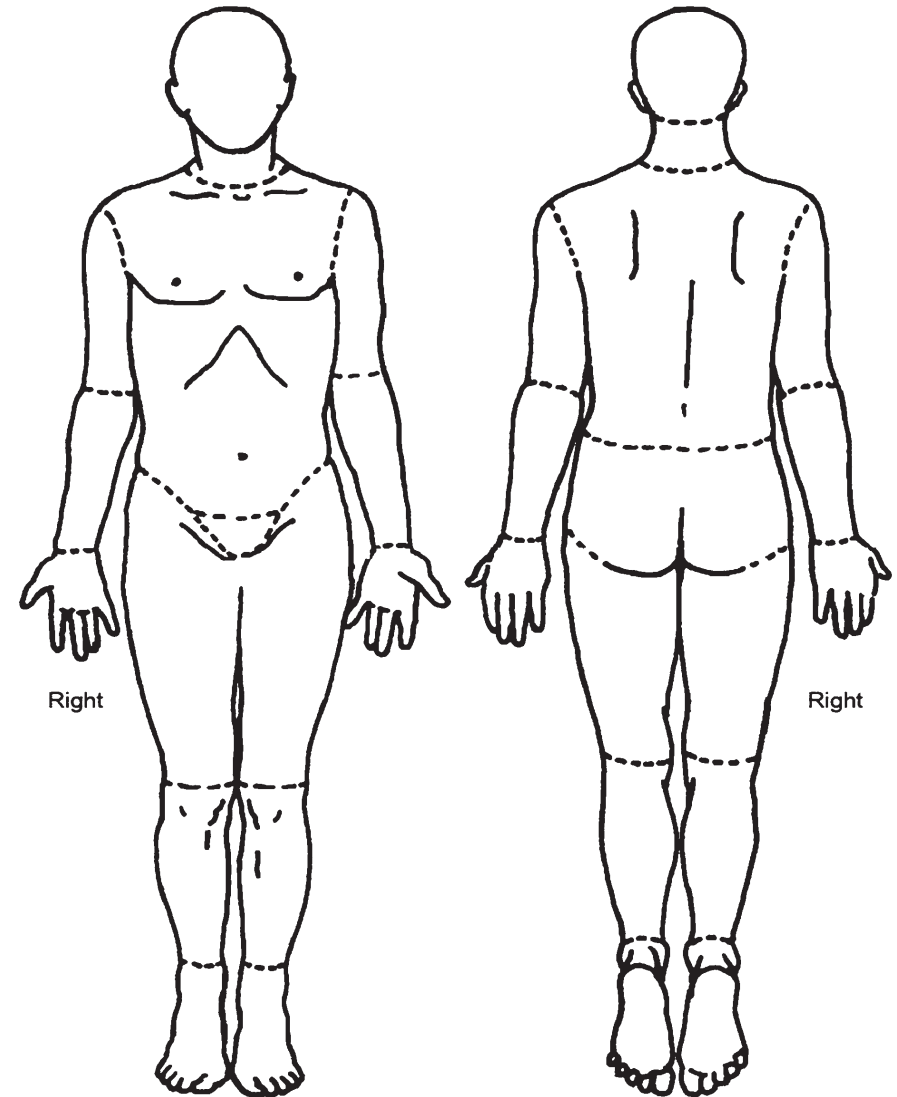
Completed by: Patient Health care professional caregiver
 Family caregiver Caregiver-assisted

EDMONTON SYMPTOM ASSESSMENT SYSTEM (ESAS-R)

Please circle the number that best describes how you feel NOW:

Please mark on these pictures where it is that you hurt:

NO PAIN	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE PAIN
NO TIREDNESS	1 2 3 4 5 6 7 8 9 10 <i>(Tiredness = lack of energy)</i>	WORST POSSIBLE TIREDNESS
NO DROWSINESS	1 2 3 4 5 6 7 8 9 10 <i>(Drowsiness = feeling sleepy)</i>	WORST POSSIBLE DROWSINESS
NO NAUSEA	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE NAUSEA
NO LACK OF APPETITE	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE LACK OF APPETITE
NO SHORTNESS OF BREATH	1 2 3 4 5 6 7 8 9 10	WORST POSSIBLE SHORTNESS OF BREATH
NO DEPRESSION	1 2 3 4 5 6 7 8 9 10 <i>(Depression = feeling sad)</i>	WORST POSSIBLE DEPRESSION
NO ANXIETY	1 2 3 4 5 6 7 8 9 10 <i>(Anxiety = feeling nervous)</i>	WORST POSSIBLE ANXIETY
BEST WELL BEING	1 2 3 4 5 6 7 8 9 10 <i>(Well being = how you feel overall)</i>	WORST POSSIBLE WELL BEING
NO OTHER PROBLEM	1 2 3 4 5 6 7 8 9 10 <i>[for example constipation]</i>	WORST POSSIBLE PROBLEM



Name: _____ Date: _____ Time: _____

Completed by: Patient Health care professional caregiver
 Family caregiver Caregiver-assisted



BOWEL TRACKER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

