

APPENDIX D
PATIENT DIARY

Protocol: NRG-GI008 Capecitabine			Study Medication:				
Cycle # _____							
Prescribed dose: capecitabine _____ mg twice each day on days 1 to 14 of each 21 day cycle							
<ul style="list-style-type: none"> Please record information daily. Use a new page for each week. Take capecitabine in the morning and evening (within 30 minutes after eating breakfast and dinner). Do not cut or crush tablets. Please remember to bring this diary (all pages) and your capecitabine containers (even if they are empty) to each visit with your study team. 							
Date	Time taken		Number of capecitabine tablets taken (morning)		Number of capecitabine tablets taken (evening)		Notes
	Morning	Evening	150mg	500mg	150mg	500mg	Include any side effects that you are having (especially loose stools and any medications that you took for the side effects).

Patient's name: _____ Date: _____

Physician's office will complete this section

Total number of capecitabine tablets taken this reporting period: 150 mg _____ 500 mg _____

Total number of capecitabine tablets returned this reporting period: 150 mg _____ 500 mg _____

Research Staff Signature/Date: _____