The Be In Charge® Program Weekly Diary

Week _____ Dates: _____ to _____

This Diary is a valuable tool to help you manage your treatment. Here, you can keep track of important appointments, when you administered your medication, and even any side effects you may have encountered. These are all factors that you and your doctor will use to make the most of your treatment.

Print this page, use it every day, and bring the Diary to all your visits with your doctor.

PEG-INTRON® (Peginterferon alfa-2b) Powder for Injection:

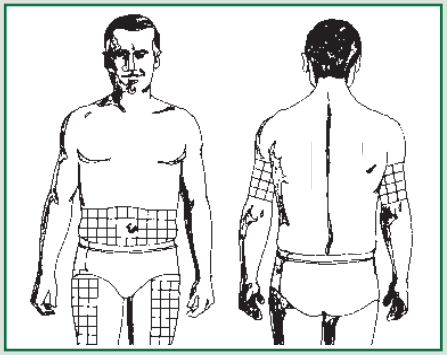
Weekday:
☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

Time:
_____ AM _____ PM

Injection Site (see site map):
☐ Left Thigh ☐ Right Thigh ☐ Abdomen
☐ Right Upper Arm ☐ Left Upper Arm

Injection Side Effects:
☐ No Side Effects ☐ Itching ☐ Minor Swelling
☐ Rash ☐ Other: _____

Injection Site Map



REBETOL® (Ribavirin, USP) Capsules:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Evening							

YOUR GENERAL MOOD: (☺ = good ; ☹ = not so good)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Evening							

Overall mood this week:

Comments:

MY HEALTH THIS WEEK:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure							
Heart Rate							
Temperature							
Weight							

IMPORTANT PHONE NUMBERS:

DOCTOR: _____ **COUNSELOR:** _____ **PHARMACY:** _____

APPOINTMENTS THIS WEEK:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Doctor							
Lab							
Other							

Comments:

DIET AND EXERCISE:

Target ounces of fluid per day = body weight (lbs.) ÷ 2
Target grams of protein per day = at least body weight (lbs.) ÷ 2

Per Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
I drank plenty of water (see calculation above)							
I ate plenty of protein (see calculation above)							
I kept my sodium level below 2000 mg a day							
I exercised at least 20-30 mins.							

Comments:

SYMPTOMS:

Symptom	Descriptive comments, including: day and time it occurred, duration, action taken to relieve symptom, etc.
Fatigue	
Muscle Aches	
Anxiety & Irritability	
Sleep Disturbance	
Loss of Appetite	
Headaches	
Vomiting	
Fever	
Weight Loss	
Hair Thinning	
Abdomen Pain	
Diarrhea	
Nausea	
Mental Fuzziness	
Skin Problems	
Feeling Cold	

Comments:

QUESTIONS TO ASK MY DOCTOR:

1. _____
2. _____
3. _____

You're in the game, you're working in the program, and you are in charge! Go for it!

Be In Charge is a Service of Schering Corporation.