My monthly CAM use

To help you improve communication with your health care providers about your use of CAM therapies, try recording the different CAM therapies you have tried over a month. List each CAM therapies you have used and the effects they have had on your symptoms.

What standard treatments do you have this month (ex. chemotherapy or radiation)? ____

Date	CAM Therapies	How Much? or How Long?	Notes
Example: 2/20	*Massage*	*60 minutes*	*My massage made me feel great — it relieved some of my sore muscles.*
Example: 2/23	*Ginger pills*	*2 pills*	*Relieved upset stomach after chemotherapy.*

What standard treatments do you have this month?

____

____

Date	CAM Therapies	How Much? or How Long?	Notes