

Identify early symptoms associated with chronic graft-versus-host disease (cGVHD)

Take an active role in your care and speak to your healthcare team about the symptoms you're experiencing.

Now that you've gotten the lifesaving transplant you need, you may be feeling overwhelmed at this stage of your healthcare journey. It can be hard to recognize cGVHD symptoms, but it's important to track early signs and specific symptoms you may be experiencing so your healthcare professional can create a treatment plan for you.

Add a check mark next to the questions where you answer YES:



Skin, Nails, and Hair

- ☐ Have you experienced dry, itchy, or tight skin?
- ☐ Have you noticed changes in skin color or texture, like scaly or flaky skin, rashes, or shiny scars?
- ☐ Have your nails become weak or brittle?
- ☐ Have you lost hair on your head or body?



Joints and Muscles

- ☐ Have you experienced pain or stiffness in your feet, ankles, or other joints?
- ☐ Have you noticed unexplained muscle pain, cramps, stiffness, or weakness?
- ☐ Have you noticed any recent difficulties with everyday movements, like pulling on socks or reaching cabinets?



Digestive System

- ☐ Have you experienced nausea or vomiting, diarrhea, constipation, cramping, bloating, or abdominal pain?
- ☐ Have you had any unexplained recent weight loss?
- ☐ Have you noticed any changes in your appetite? Do you feel full with less food than usual?



Lungs

- ☐ Have you felt short of breath? For example, is it difficult to catch your breath after minor daily activities?
- ☐ Have you experienced coughing or wheezing?



Eyes

- ☐ Have you noticed that your eyes are often dry, gritty, itchy, or crusty?
- ☐ Have you noticed sensitivity to light or wind?
- ☐ Have you been tearing up more than usual?
- ☐ Have you experienced blurred vision?
- ☐ Have you been using eye drops more often than usual?



Mouth and Throat

- ☐ Has your mouth often felt dry despite drinking water?
- ☐ Have you noticed an increase in sensitivity to spicy or acidic foods? Hot or cold foods/drinks?
- ☐ Have you noticed changes in sensitivity to toothpaste or changes in how it tastes?
- ☐ Have you experienced any mouth sores or irritation?
- ☐ Have you experienced trouble opening your mouth wide?



Genitals

- ☐ If you are sexually active, have you experienced any discomfort during sex?
- ☐ Have you experienced discomfort while peeing, during a gynecologic examination, or when wiping the area?
- ☐ Have you experienced any genital irritation, dryness, burning, rash, ulcers, sores, or color changes?
- ☐ If you are uncircumcised, have you experienced any difficulty pulling back the foreskin?

Print this sheet and put it somewhere convenient so you can keep track of your symptoms as they occur. On the next page you will find a guide that may help you feel more confident when talking to your healthcare professional about your symptoms and what you're experiencing.

Share your symptoms with your healthcare team



Use this form to start a conversation with your healthcare professional. Include details about the symptoms you have by filling in the blanks. If you need more space, you can fill out multiple forms.

If I were to further describe this symptom...

Name of symptom

I experience it...

Describe the frequency. Is it constant or intermittent?

It has worsened when...

Describe the activities and/or specific times when the symptom felt worse

If I were to rate the severity of the symptom from 1 to 7, 1 being mild and 7 being severe, I'd give it a...

1-7

This symptom has affected my ability to...

Share details about the impact the symptom has had on your life and day-to-day activities
Examples: tying shoes, wearing contact lenses, attending family events, participating in hobbies, etc

It felt or looked like...

Describe the symptom

When the symptom first began, I was...

Share what you were doing when the symptom first occurred

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