



CLL SOCIETY

## CLL Symptom Checklist

Review and circle any of the following symptoms you are currently experiencing and share this information with your healthcare provider.

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Date: \_\_\_\_\_

- **New, Enlarging or Painful Nodes**
- **Night Sweats**
  - Drenching
  - Non drenching
  - Every night
  - Occasionally
- **Fevers**
- **Chills**
  - Cold all the time
  - Shivers
- **Fatigue**
  - New
  - Progressing
- **Sleep**
  - Number of naps: \_\_\_\_
  - Hours of sleep per night: \_\_\_\_
  - Interrupted sleep
  - Waking up to urinate
  - Difficulty falling asleep
  - Snoring
- **Infections**
- **Early Satiety (feeling full):**
  - Are you able to finish your meals without feeling uncomfortably full?
- **Unplanned Weight loss**
- **Cough**
- **Shortness of Breath**
- **Chest Pain**
- **Heart Palpitations**
- **Gastrointestinal Issues**
  - Nausea/Vomiting
  - Diarrhea
  - Constipation
  - Heartburn or acid reflux
  - Blood in stool or black tarry stool
- **Frequent or Change in Urination**
- **Hydration**
- **Headaches**
- **Pain**
  - Location:
  - Describe:
- **Numbness/Tingling**
- **Skin**
  - Bruises
  - Bleeding
  - Lumps or bumps
  - Lesions
  - Red dots