

# CHEMOTHERAPY SIDE EFFECT TRACKER

Cycle #: \_\_\_\_\_ Week: \_\_\_\_\_

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

Medication: \_\_\_\_\_

Oncology Contact: \_\_\_\_\_

<b>Date / Time</b>	<b>Side Effect (Nausea, Fatigue, etc.)</b>	<b>Severity (1-5)</b>	<b>Medication Taken / Action</b>	<b>Notes / Relief Level</b>
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Additional Observations (Appetite, Temperature, Sleep):

**Severity Scale:** 1 = Very Mild | 3 = Moderate | 5 = Severe (Contact Doctor)