

CHEMOTHERAPY SIDE EFFECTS LOG

Patient Name: _____

Treatment Date: _____

Cycle Number: _____

Oncology Contact: _____

SIDE EFFECT	SEVERITY (1-5)	MANAGEMENT STRATEGY USED	NOTES / DURATION
Nausea / Vomiting			
Fatigue			
Appetite Changes			
Mouth Sores			
Neuropathy			
Diarrhea / Constipation			

SIDE EFFECT	SEVERITY (1-5)	MANAGEMENT STRATEGY USED	NOTES / DURATION
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Other:

Daily Temperature Log:

AM: _____

PM: _____

Note: This chart is for personal tracking. Call your medical team immediately if you experience a fever over 100.4F (38C), uncontrollable vomiting, or sudden shortness of breath.