

CHEMO TREATMENT SYMPTOM TRACKER

Patient Name: _____

Cycle #: _____

Week Of: _____

Severity Scale: 0 (None) - 5 (Moderate) - 10 (Severe/Contact Doctor)

SYMPTOM	SEVERITY (0-10)	TIME/FREQUENCY	MANAGEMENT STEPS TAKEN / MEDS USED	EFFECTIVENESS
Nausea / Vomiting				
Fatigue Level				
Appetite / Taste				
Pain / Neuropathy				
Bowel Changes				
Mouth Sores				
Mood / Sleep				

SYMPTOM	SEVERITY (0-10)	TIME/FREQUENCY	MANAGEMENT STEPS TAKEN / MEDS USED	EFFECTIVENESS
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Other:

Additional Observations / Questions for Oncology Team:

*In case of fever over 100.4F (38C) or shortness of breath, contact your care team immediately.