

# SIDE EFFECTS LOG

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

Patient Name:

Medication/Protocol:

<b>DATE</b>	<b>SIDE EFFECT / SYMPTOM</b>	<b>SEVERITY (1-5)</b>	<b>TIME / DURATION</b>	<b>INTERVENTION / MEDS TAKEN</b>
-------------	----------------------------------	---------------------------	----------------------------	----------------------------------

**Severity Scale:** 1: Mild (Noticeable) 2: Moderate (Interferes with activity) 3: Severe (Unable to work/sleep) 4: Very Severe 5: Emergency

**ADDITIONAL NOTES / QUESTIONS FOR ONCOLOGY TEAM:**

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