

CHEMOTHERAPY SIDE EFFECT FREQUENCY TRACKER

Patient Name: _____

Cycle #: _____

Week of: _____

SIDE EFFECT	FREQUENCY	SEVERITY (1-5)	NOTES (TRIGGERS, DURATION, RELIEF)
Nausea / Vomiting		
Fatigue / Lethargy		
Neuropathy (Tingling)		
Mouth Sores		
Appetite Changes		
Digestive (Constipation/Diarrhea)		
Pain (Joint/Muscle)		
Other: _____		

Instructions: Record side effects daily. Rate severity from 1 (mild) to 5 (severe). Bring this chart to your next oncology appointment.

Emergency: Contact your care team immediately for fever over 100.4F (38C) or shortness of breath.