

CHEMOTHERAPY SIDE EFFECT LOG

Cycle Number: _____

Patient Name: _____

Start Date:

Medication:

Oncologist:

DATE / TIME	SIDE EFFECT / SYMPTOM	SEVERITY (1-10)	ACTION TAKEN / MEDICATION USED	NOTES
--------------------	------------------------------	------------------------	---	--------------

DATE / TIME	SIDE EFFECT / SYMPTOM	SEVERITY (1-10)	ACTION TAKEN / MEDICATION USED	NOTES
--------------------	------------------------------	------------------------	---	--------------

Severity Guide: 1-3: Mild (Noticeable but no interference) 4-6: Moderate (Interferes with daily tasks) 7-10: Severe (Unable to function/Requires immediate attention)

Note: Call your care team immediately for fever over 100.4F (38C), uncontrollable vomiting, or shortness of breath.