

CHEMOTHERAPY SIDE EFFECT LOG

Cycle #: _____ Week Starting: _____

Patient: _____

Drug/Regimen: _____

Oncologist: _____

Symptom / Side Effect	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Nausea / Vomiting							
Fatigue / Energy							
Appetite Loss							
Mouth Sores / Taste							
Diarrhea / Constipation							
Neuropathy (Tingling)							
Pain (Location: _____)							
Sleep Quality							
Temperature / Fever							
Skin / Nail Changes							
Mood / Mental Clarity							
Other: _____							

Severity Scale: 0 (None) | 1 (Mild - bothersome but no interference) | 2 (Moderate - interferes with activity) | 3 (Severe - disabling)

Weekly Observations & Medications Used (PRN):

Contact your care team immediately if you experience a fever over 100.4F (38C), uncontrolled vomiting, or shortness of breath.