

# DAILY SIDE EFFECT LOG

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

Patient Name:

Date Range:

Medication/Dosage:

SYMPTOM	MON	TUE	WED	THU	FRI	SAT	SUN
<b>Nausea</b>							
<b>Fatigue</b>							
<b>Appetite Loss</b>							
<b>Pain / Neuropathy</b>							
<b>Mouth Sores</b>							
<b>Digestive Issues</b>							
<b>Sleep Quality</b>							
<b>Temperature</b>							
<b>Weight</b>							

Severity Scale: 0 = None | 1 = Mild | 2 = Moderate | 3 = Severe | 4 = Intolerable

Daily Notes (Medications taken, triggers, or specific concerns to discuss with oncology team):