

# SIDE EFFECT SEVERITY TRACKER

Clinical Monitoring Log

Name: \_\_\_\_\_

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

<b>Symptom</b>	<b>Date</b>	<b>Severity (1-4)</b>	<b>Details (Frequency, Duration, Intervention Used)</b>
Nausea / Vomiting			
Fatigue Level			
Pain / Neuropathy			
Diarrhea / Constipation			
Mouth Sores			
Fever / Chills			

<b>Symptom</b>	<b>Date</b>	<b>Severity (1-4)</b>	<b>Details (Frequency, Duration, Intervention Used)</b>
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Skin Changes /  
Rash

Other:

**Questions for Oncology Team:**

This document is for tracking purposes only. Always follow the specific instructions provided by your medical team.