

CHEMOTHERAPY SIDE EFFECT TRACKER

Cycle #: _____ Week of: _____

Patient Name: _____

Medication: _____

Oncology Contact: _____

Side Effect / Symptom	Mon	Tue	Wed	Thu	Fri	Sat	Sun
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Nausea / Vomiting

Fatigue / Energy Level

Appetite Changes

Mouth Sores / Pain

Diarrhea / Constipation

Neuropathy (Tingling)

Pain Level (Location:)

Temperature / Fever

Sleep Quality

Mood / Mental State

Severity Scale: 0 (None) | 1 (Mild) | 2 (Moderate) | 3 (Severe) | 4 (Unbearable - Contact Doctor)

Weekly Observations & Questions for Oncology Team:

*This tracker is for personal documentation and clinical discussion. In case of emergency or fever over 100.4F (38C), contact your care team immediately.