

# CHEMOTHERAPY SYMPTOM TRACKER

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

Cycle/Week: \_\_\_\_\_

Symptom	Rating (0-3)	Notes (Time, Duration, Management)
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**Nausea / Vomiting**

**Fatigue / Tiredness**

**Loss of Appetite**

**Diarrhea / Constipation**

**Mouth Sores / Throat Pain**

**Neuropathy  
(Numbness/Tingling)**

**Fever / Chills**

**Shortness of Breath**

**Pain (Location: \_\_\_\_\_)**

**Skin Changes / Rash**

**Mood / Sleep Changes**

**Other:**

**0: None** - No symptoms

**1: Mild** - Does not interfere with activities

**2: Moderate** - Interferes with some activities

**3: Severe** - Cannot perform daily activities

**CONTACT CLINIC IMMEDIATELY IF:** Fever over 100.4F (38C), Uncontrolled vomiting, Sudden shortness of breath, or Chest pain.