

SYMPTOM MONITORING LOG

Cycle #: _____ Week of: _____

Patient Name:

Date of Birth:

Oncology Contact:

Symptom (Severity 0-10)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
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Nausea / Vomiting

Fatigue / Lethargy

Pain Level

Appetite Loss

Mouth Sores

Bowel Changes

Numbness/Tingling

Temperature (°F/°C)

Weight

Severity Scale: 0 = None | 1-3 = Mild (Doesn't interfere with daily life) | 4-6 = Moderate (Interferes with some activities) | 7-10 = Severe (Disabling/Cannot perform basic tasks)

Additional Notes (Medications taken for symptoms, sleep quality, specific concerns):

*** EMERGENCY: Contact your care team immediately if you have a fever over 100.4°F (38°C), uncontrollable vomiting, or sudden shortness of breath.**