

WEEKLY SIDE EFFECT LOG

Week Of:

Cycle #:

Severity Scale: 0 (None) - 1 (Mild) - 2 (Moderate) - 3 (Severe)

SYMPTOM	MON	TUE	WED	THU	FRI	SAT	SUN
---------	-----	-----	-----	-----	-----	-----	-----

Nausea / Vomiting

Fatigue / Energy

Appetite Change

Mouth Sores

Neuropathy (Tingling)

Bowels (Constip/Diarrhea)

Pain Level

Sleep Quality

Temperature / Fever

MEDICATIONS TAKEN (PRN/AS NEEDED)

List dosages and times...

QUESTIONS FOR MEDICAL TEAM

Note new symptoms or concerns...