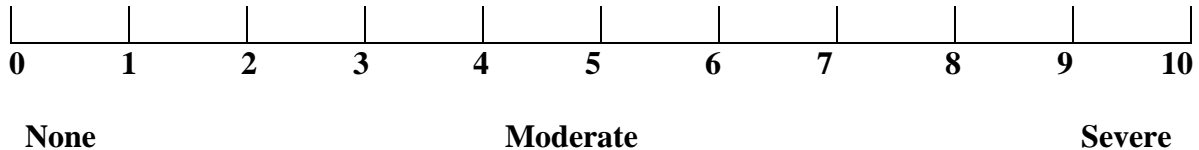


## Symptoms and Side Effects

On this page, keep track of symptoms and side effects you experience throughout your treatment. Tracking these episodes may help to recognize trends and assist your healthcare team to find ways to promote comfort.

Use this scale to grade symptoms.



Some examples are listed here. Include any other symptoms and side effects in the blank spaces provided. (For example: ringing in ears, bleeding, itching, or change in smell / taste.)

<b><u>Date</u></b>	_____	_____	_____	_____	_____	_____	_____	_____	_____
Nausea	_____	_____	_____	_____	_____	_____	_____	_____	_____
Appetite loss	_____	_____	_____	_____	_____	_____	_____	_____	_____
Fatigue	_____	_____	_____	_____	_____	_____	_____	_____	_____
Mouth sores	_____	_____	_____	_____	_____	_____	_____	_____	_____
Tingling in fingers / toes	_____	_____	_____	_____	_____	_____	_____	_____	_____
Diarrhea (times per day)	_____	_____	_____	_____	_____	_____	_____	_____	_____
Constipation (date of last BM)	_____	_____	_____	_____	_____	_____	_____	_____	_____

Notes

_____
_____
_____
_____

[illegible][illegible]