

Keeping Track Of Side Effects

A form to help you chart eating-related side effects of your loved one's chemotherapy.

Name:

Week of:

Write the type and date of your loved one's last treatment(s):

Type of Treatment:

Date:

Type of Treatment:

Date:

Weight (measure once a week):

Below is a list of some eating-related side effects that cancer patients may experience. Check the box next to any side effect that your loved one experiences. Next to each checked side effect, write a number from 1 to 3 indicating how severe it was, where: **1 = mild; 2 = moderate; and 3 = severe.** *Note: While this form was designed for chemotherapy patients, it can be used to track the side effects of any medication.*

Side Effect	M	T	W	Th	F	S	Sun
Appetite							
Sore/Dry Mouth							
Nausea							
Vomiting							
Constipation							
Diaherrea							
Fatigue							
Other: _____							

Other Questions or Concerns (Use this space to write down questions or concerns you may want to talk about with your loved one's health care provider.)

