

# KEEPING TRACK OF CHEMOTHERAPY 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: ..... Weight (measure once a week): .....

Below is the 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 is, 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	MON	TUE	WED	THU	FRI	SAT	SUN
Reduced Appetite							
Sore/Dry Mouth							
Nausea							
Vomiting							
Constipation							
Diaerrhea							
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.)*

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

## Notes