

# side effects tracker

## Cancer

Many cancer treatments, including oral medications, have the potential for side effects. It's important to keep track of your side effects so your cancer care team can better help you manage them. Use the side effect tracker below for additional help.

### Directions

- Fill in the date, as well as your medications, for each day of the week.
- For each date, fill out the corresponding column of side effects. If you're not experiencing a side effect, check "None".
- If you took a medication to treat a side effect, write that down in the space provided.
- **Call your doctor immediately if you have a symptom(s) that fit within the "severe" description.**

Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<b>Cancer Medications:</b>							
<b>Loss of Appetite</b>	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None
None	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild
Mild: Slightly decreased appetite	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
Moderate: Often not hungry	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe
Severe: No appetite at all/unable to eat*							
<b>Side Effect Medication Taken/Dosage:</b>							
<b>Nausea</b>	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None
None	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild
Mild: Can eat	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
Moderate: Eating or drinking less than normal	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe
Severe: Unable to eat or drink*							
<b>Side Effect Medication Taken/Dosage:</b>							

\*Contact your doctor as soon as possible

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Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<b>Cancer Medications:</b>							
<b>Vomiting</b>	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None
None	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild
Mild: Vomiting 1x/day	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
Moderate: Vomiting 2-5x/day*	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe
Severe: Vomiting ≥ 6x/day*							
<b>Side Effect Medication Taken/Dosage:</b>							
<b>Sore Mouth</b>	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None
None	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild
Mild: Ulcer present but no pain; or soreness but no ulcer	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
Moderate: Able to eat, but ulcer causes pain*	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe
Severe: Unable to eat due to ulcer pain*							
<b>Side Effect Medication Taken/Dosage:</b>							
<b>Diarrhea</b>	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None
None	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild
Mild: Loose stools	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
Moderate: Watery stools, many more than normal	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe
Severe: Continuous or bloody stools, weight loss, diarrhea with fever greater than 100.5 °F, or diarrhea accompanied by dizziness.*							
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Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<b>Cancer Medications:</b>							
<b>Constipation (BM=Bowel Movement)</b> None Mild: No BM for 2 days Moderate: No BM for 3 to 4 days* Severe: No BM for more than 4 days or swollen belly*	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None
	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild
	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe
<b>Side Effect Medication Taken/Dosage:</b>							
<b>Trouble Swallowing</b> None Mild: Can swallow, but slightly difficult Moderate: Need soft or liquid diet due to swallowing difficulties* Severe: Unable to eat due to swallowing difficulties*	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None
	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild
	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe
<b>Side Effect Medication Taken/Dosage:</b>							
<b>Side Effect:</b>	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None
	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild
	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe
<b>Side Effect Medication Taken/Dosage:</b>							

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Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<b>Cancer Medications:</b>							
<b>Side Effect:</b>	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None
	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild
	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe
<b>Side Effect Medication Taken/Dosage:</b>							
<b>Side Effect:</b>	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None
	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild
	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe
<b>Side Effect Medication Taken/Dosage:</b>							
<b>Side Effect:</b>	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None
	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild	<input type="radio"/> Mild
	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe	<input type="radio"/> Severe
<b>Side Effect Medication Taken/Dosage:</b>							

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