



Enhancing the quality of life.

Side-Effects Tracking Form

Use this form to track your side-effects before and during treatment. Print off additional copies of the tracking sheet to review with your healthcare professional on a regular basis.

Date diagnosed: _____

Weight at diagnosis: _____

Type of treatment: _____

Date received: _____

Weight: _____

Rate how you feel on a scale of 1-5 (1=not bothersome, 5=very upsetting).

Side-Effect	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Sore/Dry Mouth							
Mucositis							
Lack of Appetite							
Fatigued/Weakness							
Nausea/Vomitting							
Diarrhea							
Constipation							
Difficulty swallowing							
Other:							