



Cycle # _____

Chemotherapy Side Effects Worksheet

Medicines or drugs that destroy cancer cells are called cancer chemotherapy. It is sometimes the first choice for treating many cancers. Chemotherapy differs from surgery or radiation in that it treats the whole body. This is important because it can reach cancer cells that may have spread to other parts of the body. Usually chemotherapy is combined with other forms of therapy, like surgery, radiation, or biologic therapies.

Like all cancer therapies, chemotherapy drugs have side effects, some of which can be serious. It is important to keep track of any side effects you are having so your cancer care team can help you manage these. This worksheet will help you do that.

Listed on the following pages are the most common side effects experienced by patients receiving chemotherapy. - You may have none, some, or all of these, or you may have side effects not listed here. - With each side effect listed, there are suggestions on how to describe them to your doctor. - Some side effects are more serious than others. Ask your doctor which side effects he or she needs to know about right away. Record these on the last page. Print a new worksheet for each week that you are receiving treatment and take the worksheet with you when you visit the doctor.	How to Use This Worksheet - This worksheet covers 7 days of a chemotherapy cycle. You will need to print additional worksheets for each week of your cycle. - Fill in the cycle of therapy you are receiving. - Fill in the days of the cycle of therapy (for example, the day you start therapy is Day 1) and the dates for the week. - For each day of the cycle, go down the column for that day and check the appropriate box describing the severity of each side effect. If you do not have a particular side effect, check the “None” box. - Write down what medications you took to treat the side effect, if any. If you have a side effect that can be described as “severe”, notify your doctor right away. - At the end of the list, there are blank spaces for you to write in any side effects you may have that are not listed here. Use the same format to indicate the severity of the symptom and any medications you took to treat it.
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***Notify your doctor or nurse if you have any NEW side effect or any that is concerning you, persists, or is getting worse**



Chemotherapy Side Effects Worksheet

Cycle # _____

Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Day of Chemotherapy Cycle	Day ____	Day ____	Day ____	Day ____	Day ____	Day ____	Day ____
Fever/Chills: Write down your highest temperature for the day. None – Temperature 98.6° F Mild – Fever 98.6° F to 100.4° F Moderate – Fever 100.4° F to 104° F ** Severe – Fever greater than 104° F ** Write any medicines taken for this here →	Max Temp: _____°F ' None ' Mild ' Moderate ' Severe	Max Temp: _____°F ' None ' Mild ' Moderate ' Severe	Max Temp: _____°F ' None ' Mild ' Moderate ' Severe	Max Temp: _____°F ' None ' Mild ' Moderate ' Severe	Max Temp: _____°F ' None ' Mild ' Moderate ' Severe	Max Temp: _____°F ' None ' Mild ' Moderate ' Severe	Max Temp: _____°F ' None ' Mild ' Moderate ' Severe
Fatigue (Feeling Weak): None Mild – Able to do normal activities with some effort Moderate - In bed less than half of the day Severe - In bed more than half the day **	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Nausea: None Mild - Can eat Moderate – Eating/drinking less than normal Severe – Can't eat or drink ** Write any medicines taken for this here →	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Vomiting: None Mild - Vomited once during the day Moderate - Vomited 2 to 5 times during the day Severe - Vomited 6 or more times during the day ** Write any medicines taken for this here →	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Sore Mouth None Mild-Soreness or painless ulcer* Moderate-Soreness of painful ulcer but can eat** Severe-Painful ulcer and cannot eat**	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe

**** Let your doctor know about this right away.**



Chemotherapy Side Effects Worksheet

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Cycle # _____

Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Day of Chemotherapy Cycle	Day ____	Day ____	Day ____	Day ____	Day ____	Day ____	Day ____
Diarrhea: Write down number of bowel movements per day. None Mild – Loose stools Moderate – Watery stools, many more than normal Severe – Constant or bloody, or causing you to feel dizzy **	# of BMs: _____ ' None ' Mild ' Moderate ' Severe	# of BMs: _____ ' None ' Mild ' Moderate ' Severe	# of BMs: _____ ' None ' Mild ' Moderate ' Severe	# of BMs: _____ ' None ' Mild ' Moderate ' Severe	# of BMs: _____ ' None ' Mild ' Moderate ' Severe	# of BMs: _____ ' None ' Mild ' Moderate ' Severe	# of BMs: _____ ' None ' Mild ' Moderate ' Severe
Write any medicines taken for this here →							
Constipation: None Mild - No bowel movement for 2 days Moderate - No bowel movement for 3 to 4 days Severe - No bowel movement for more than 4 days or swollen abdomen **	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Write any medicines taken for this here →							
Loss of Appetite (Anorexia): None Mild – Slightly decreased appetite Moderate – Usually not hungry Severe – Nothing looks good/unable to eat**	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Write any medicines taken for this here →							
Pain or difficulty with swallowing None Mild - Pain but can eat Moderate - Pain requiring soft or liquid diet** Severe - Unable to eat at all**	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe

** Let your doctor know about this right away.



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Cycle # _____

Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Day of Chemotherapy Cycle	Day ____	Day ____	Day ____	Day ____	Day ____	Day ____	Day ____
Swelling (Edema) in Hands or Feet None Mild – Swelling in hands or feet Moderate – Swelling extending up arm or leg Severe – Swelling with pain or trouble breathing **	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Write any medicines taken for this here →							
Allergic Reaction None Mild – Rash, No fever Moderate - Rash, fever <100.4F** Severe - Hives, fever >100.4F** Difficulty breathing. Seek immediate treatment**	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Write any medicines taken for this here →							
Itching or Rash None Mild - Scattered skin rash with redness/mild itching** Moderate – Generalized rash with sores** Severe – Rash with open sores**	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Write any medicines taken for this here →							
Shortness of Breath None Mild – With exertion Moderate – With normal level of activity** Severe – At rest**	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Cough None Mild Moderate – Dry persistent, controlled with medications** Severe – Not controlled with medications** Write any medicines taken for this here →	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe

**** Let your doctor know about this right away.**



Chemotherapy Side Effects Worksheet

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Cycle # _____

Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Day of Chemotherapy Cycle	Day ____	Day ____	Day ____	Day ____	Day ____	Day ____	Day ____
Muscle or Joint Pain None Mild – Sore but does not require medicine Moderate - Requires medicine for pain Severe – Pain medicine does not help **	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Write any medicines taken for this here →							
Numbness or Tingling in Hands or Feet None Mild – Tingling sensation Moderate – Tingling, some numbness Severe – Numbness interfering with function (for example, can't hold a coffee cup) **	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Write any medicines taken for this here →							

LIST ANY OTHER SIDE EFFECTS YOU EXPERIENCE IN THE BOXES BELOW

Side Effect:	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Medications taken ®							
Side Effect:	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Medications taken ®							
Side Effect:	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe	' None ' Mild ' Moderate ' Severe
Medications taken ®							

**** Let your doctor know about this right away.**



Cycle # _____

Questions to Ask My Doctor

- Which side effects should I notify you about right away?

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-
-

What Should I Do for the Side Effects That I Have?

Notes

For More Information...

We're available to answer your questions about cancer, any time, day or night. Contact us at 1-800-ACS-2345, or visit us online at www.cancer.org.