Use your Systemic Treatment book to get more information on side effects, and how to manage them.

If your symptom has a star (*) beside the number, call: _____ or go to an emergency department (ED).

Keeping track of your symptoms on chemotherapy and targeted therapy

Symptom	Symptom Rating	Date of Cycle
Shortness of breath	0 – My breathing is normal for me 1 – Shortness of breath with moderate activity (stairs) 2* – Shortness of breath with little activity 3* – Shortness of breath even when I sit or lie down 4* – I cannot breathe well – **go to ED**	
Diarrhea (rating is above your usual if diarrhea is normal for you)	0 – No diarrhea 1 – Diarrhea 2 to 3 more times a day than I usually do 2* – Diarrhea 4 to 6 more times a day, or I have stools during the night 3* – Diarrhea 7 to 9 more times a day 4* – Diarrhea 10 or more times a day – **go to ED**	
Constipation	0 – Not constipated 1 – No bowel movements in 2 days 2* – No bowel movements in 3 days 3* – No bowel movements in 4 days – **go to ED**	
Diet	0 – Can eat and drink like I normally do 1 – Can eat and drink normal food, but less than usual 2* – Can eat but am drinking half or less than usual 3* – Cannot eat or drink – **go to ED**	
Nerve Changes (Peripheral Neuropathy)	0 – No sensation changes 1 – Numbness or tingling in my hands or feet 2* – Pain in my hands or feet or pain or weakness all over 3* – Difficulty doing up buttons, picking up coins, or feeling the shape of small objects when they're in my hand or difficulty walking	
Cold sensitivity	0 – No 0 – Yes	
Coping	0 1 2 3 4 5 6* 7* 8* 9* 10* No difficulty Difficulty coping	
Pain level	0 1 2 3 4* 5* 6* 7* 8* 9* 10* No pain Worst pain	
Anxiety	0 1 2 3 4 5 6* 7* 8* 9* 10* No anxiety Worst anxiety	

Rate your symptoms—read the symptom rating and choose the number that matches how you feel on that day.

Your doctors and nurses can use this information to help adjust your treatments, medications, or both so they may be more effective.

If your symptom has a star (*) beside the number, call: _____

or go to an emergency department (ED).

Cancer Care Alberta

Month: _____

Symptom	Symptom Rating	Date of Cycle
Fever	**My temperature is:** 0 – Normal (37.0°C or 98.6°F) 1 – 37.1 to 37.9°C (98.7 - 100.3°F) 2* – 38.0 to 38.2°C (100.4 - 100.8°F) check again in **1 hour** 3* – More than 38.3°C (100.9°F) – **go to ED**	
Vomiting	0 – Not vomiting 1 – Vomited once in 24 hours 2* – Vomited 2 to 5 times in 24 hours 3* – Vomited 6 to 10 times in 24 hours 4* – Vomited more than 10 times in 24 hours – **go to ED**	
Nausea	0 – Can eat and drink like usual 1 – Can eat and drink normal foods but less than usual 2* – Can drink half or less than usual but I can eat 3* – Cannot eat or drink – **go to ED**	
Fatigue/ tiredness	0 – No fatigue and can do my usual activity 1 – Mild fatigue and can continue with normal activity 2* – In bed/chair for part of the day due to my fatigue 3* – In bed/chair for most of the day due to my fatigue 4* – Can't get out of bed or I can't take care of myself	
Mouth sores	0 – No mouth sores 1 – Mouth sores that do not hurt or mild redness/soreness 2* – Mouth sores are red or white, swollen and hurt, but I can still eat or drink 3* – Mouth sores are red or white, swollen and hurt and I cannot eat or drink	
Skin changes to hands or feet	0 – No skin changes 1 – Some redness or cracking to my skin 2* – Skin changes with pain but I can still function 3* – Skin changes with pain and difficulty functioning	