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

Shortness of breath Shortness of breath with moderate activity (stairs) 2* - Shortness of breath with inderate activity (stairs) 2* - Shortness of breath with inderate activity 3* - Shortness of breath with little activity 3* - Shortness of breath with little activity 3* - Shortness of breath with inderate activity (stairs) 2* - Shortness of breath with inderate activity (stairs) 2* - Shortness of breath with inderate activity (stairs) 1 - Diarrhea 1 - 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 1 to 9 more times a day 4* - Diarrhea 1 to 9 more times a day 4* - Diarrhea 1 to 9 more times a day - go to ED 0 - Not constipation 1 - No bowel movements in 2 days 2* - No bowel movements in 3 days 3* - No bowel movements in 3 days 3* - No bowel movements in 3 days 3* - No bowel movements in 4 days - go to ED Diet Diet Diet 1 - 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 0 - No sensation changes Nerve Changes 2* - Pain in my hands or feet or pain or weakness all over (Periphera) 3* - Difficulty doing up buttons, picking up coins, or feeling	Cumptom	Symptom Boting	ating Date of Cycle												
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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.

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



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															