Treatments and Side Effects Log



Date(s)/Week: Treatments or proce Include specific dates			team.
		edications given.	
Foods Eaten:			
Breakfast	Lunch	Dinner	Snacks
Read <u>"I Have Cancer.</u> Activity or Exercise:	What Should I Eat?"	to learn more about n	nutrition and cancer.
Activity		Du	uration
_			



Medications:

Name	Dosage & Time	Reason Taken

Current Weight:	Physical Well-Being*:	Emotional Well-Being*:
	eling your best. 1= feeling you	•



Side Effects:

Record all side effects experienced by checking mild, moderate, or severe. If none, leave blank.

Side Effect	Mild	Moderate	Severe
Change in taste and smell			
Constipation			
Diarrhea			
Difficulty swallowing			
Dry mouth			
Fatigue			
Feeling full quickly			
Gas and bloating			
Hair loss			
Lactose intolerance			
Loss of appetite			
Lymphedema			
Nausea			
Neuropathy			
Pain			
Skin changes (blisters, rashes, itchy, etc.)			
Sore mouth, throat, or tongue			
Weight loss			
Weight gain			

For help managing side effects, visit <u>Nutrition Tips for Managing Side Effects</u>, or download PearlPoint's new Cancer Side Effects Helper app to your smart phone.

Notes:			

To keep track of this information online, visit *My PearlPoint* to create a personalized dashboard. On your dashboard, you can virtually track your well-being and save notes on your progress.