American Cancer Society
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Cycle # _____

Chemotherapy Side Effects Worksheet

Chemotherapy (chemo) is one kind of medicine used to treat cancer. Chemo kills cells that grow fast, even if they're not cancer cells. Some normal, healthy cells can also be harmed. This can cause side effects, some of which can be serious. It's different for each person. Visit **cancer.org/chemo** to learn more about chemotherapy.

It is important to keep track of any side effects you are having so your cancer care team can help you manage them. This worksheet will help you do that.

Listed on the following pages are the most common side effects people receiving chemotherapy might have.

- You may have none, some, or all of these side effects, or you may have others not listed here. On page 5, there are 2 empty rows if you need to track a side effect not listed.
- We have included suggestions to help you describe each of these side effects to your doctor.
- **Ask your cancer care team when you should call their office right away about certain side effects.** Write these on the last page.

Print or save a copy of the 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. A cycle is a period of time that usually starts with a day of treatment followed by more days of treatment, with days off (no treatment) in between.
- Fill in the days of the chemo cycle (for example, the day you start chemo is Day 1) and the dates for the week.
- For each day of the cycle, go to the column for that day and check the box that describes how bad each side effect is. If you do not have a particular side effect, check the "None" box.
- Write down medicines you took to treat the side effect, or what you did that might have helped you feel better.
- **If you have a side effect that can be described as severe, contact your cancer care team right away.**

Ask your cancer care team which side effects are most common with your chemo treatment, how long they might last, how bad they might be, and when you should call the cancer care team.

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Cycle # ___________

Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Day of Chemotherapy Cycle	**Day _____**	**Day _____**	**Day _____**	**Day _____**	**Day _____**	**Day _____**	**Day _____**
Fever (With or Without Chills): Write down your highest temperature for the day. None – Temperature 98.6° F Mild – Fever of 98.6° F to 100.4° F Moderate – Fever of 100.4° F to 104° F* Severe – Fever greater than 104° F*	Max Temp: 98.6 °F ☐ None ☐ Mild ☐ Moderate ☐ Severe	Max Temp: 98.6 °F ☐ None ☐ Mild ☐ Moderate ☐ Severe	Max Temp: 98.6 °F ☐ None ☐ Mild ☐ Moderate ☐ Severe	Max Temp: 98.6 °F ☐ None ☐ Mild ☐ Moderate ☐ Severe	Max Temp: 98.6 °F ☐ None ☐ Mild ☐ Moderate ☐ Severe	Max Temp: 98.6 °F ☐ None ☐ Mild ☐ Moderate ☐ Severe	Max Temp: 98.6 °F ☐ None ☐ Mild ☐ Moderate ☐ Severe
Write any medicines taken for this here. —>							
Fatigue (Feeling Weak): None Mild – Relieved by rest Moderate – Not relieved by rest, unable to do household or work activities Severe – Not relieved by rest, unable to take care of self, having trouble walking, or have a fall*	☐ 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 and Vomiting: None Mild – Can eat Moderate – Eating/drinking less than normal Severe – Can't eat or drink*	☐ 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. —>							
Sore Mouth (Mucositis): None Mild – Soreness or painless ulcer Moderate – Soreness or painful ulcer but can eat* Severe – Severe pain with trouble eating*	☐ 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. —>							
***Let your cancer care team know about this side effect right away.**							

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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 – Same number of stools as usual Mild – 1 to 3 more stools than usual Moderate – 4 to 6 more stools than usual Severe – 7 or more stools than usual; weakness or dizziness*	# of BMs: 0 ☐ None ☐ Mild ☐ Moderate ☐ Severe	# of BMs: 1 ☐ None ☐ Mild ☐ Moderate ☐ Severe	# of BMs: 1 ☐ None ☐ Mild ☐ Moderate ☐ Severe	# of BMs: 1 ☐ None ☐ Mild ☐ Moderate ☐ Severe	# of BMs: 1 ☐ None ☐ Mild ☐ Moderate ☐ Severe	# of BMs: 1 ☐ None ☐ Mild ☐ Moderate ☐ Severe	# of BMs: 1 ☐ None ☐ Mild ☐ Moderate ☐ Severe
Write any medicines taken for this here. —>							
Constipation: None Mild – Using stool softeners or laxatives from time to time Moderate – Using laxatives or enemas most days or every day* Severe – Unable to move bowels despite medication; symptoms interfere with self-care*	☐ 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 – Loss of appetite but still eating well Moderate – Eating less but little weight loss Severe – Not eating enough to maintain weight*	☐ 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 regular solid diet Moderate – Pain that causes trouble eating regular solid diet* Severe – Can't eat regular solid foods or choking on food/drink*	☐ 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. —>							

***Let your cancer care team know about this side effect right away.**

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Cycle # _____

Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Day of Chemotherapy Cycle	**Day _____**	**Day _____**	**Day _____**	**Day _____**	**Day _____**	**Day _____**	**Day _____**
Anxiety or Depression: None Mild – Mild symptoms, able to do normal activities Moderate – Symptoms interfere with household or work activities Severe – Symptoms interfere with self-care* **If you are thinking about hurting yourself, get help immediately.**	☐ 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. —>							
Swelling (Edema) in Hands or Feet: None Mild – Visible swelling in hands or feet Moderate – Swelling that interferes with household or work activities* Severe – Swelling that interferes with self-care*	☐ 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 – Rash on a small portion of the body; may have itching/tenderness* Moderate – Rash on up to one-third of the body; may have itching/tenderness* Severe – Rash on more than one-third of the body; may have moderate to severe itching/tenderness*	☐ 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 moderate activity Moderate – With minimal activity* Severe – At rest; 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. —>							

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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 – Moderate pain that limits ability to do household or work activities Severe – Severe pain that interferes with self-care*	☐ 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 – Slight tingling sensation Moderate – Moderate tingling or numbness that interferes with ability to do household or work activities Severe – Severe numbness, tingling, or pain that interferes with self-care or ability to stand or walk*	☐ 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 effect you experience in the boxes below. (Other side effects may include: hair loss, memory or concentration problems, easy bruising or bleeding, skin or nail changes like dry skin or color changes, or urine or bladder problems.)							
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 —>							

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Cycle # _____

Questions to ask my cancer care team

Which side effects should I notify you about right away? Who should I contact after hours or on weekends or holidays?

What can I do for the side effects that I have?

Notes

To learn more about chemotherapy, visit the American Cancer Society website at **cancer.org/chemo** or call us at **1-800-227-2345**.
We're here when you need us.