

Daily Symptom Tracker

Date:

/ /

Treatment Cycle/Day:

M T W T F S S

My symptoms:

- ☐ FATIGUE
- ☐ NAUSEA
- ☐ BRAIN FOG
- ☐ MOUTH SORES/TASTE CHANGES
- ☐ APPETITE LOSS
- ☐ NEUROPATHY
- ☐ HAIR LOSS/SCALP CHANGES
- ☐ ANXIETY OR LOW MOOD
- ☐ OTHER: _____

How I managed:

What lifted me today?

What helped most?

What's one win today?

What will I try tomorrow?

Mood of the Day



What Went Well:

What Went Not So Well:

Other Notes/Reflections: