

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

If you have new symptoms, tell your health care team right away so they can help you with them. You might need medication to help treat them.

If your symptom has a star (*) beside the number, call: _____
Or go to an **emergency room (ER)**

Keeping Track of Your Symptoms on Checkpoint Inhibitor

Symptom	Symptom Rating	Date:																												
Nausea	0 Can eat and drink like usual																													
	1 Can eat and drink normal foods but less than usual																													
	*2 Eat little solid food and can drink small amounts																													
	*3 Cannot eat or drink																													
Nerve Changes	0 No sensation changes																													
	*1 Numbness or tingling in my hands or feet that is new or getting worse																													
	*2 Pain in my hands or feet or weakness all over																													
	*3 Difficulty doing up buttons, picking up coins, feeling the shape of small objects in my hand, or walking																													
Fever: (Checkpoint Inhibitor only)	My temperature is: 0 — Normal (37.0°C or 98.6°F)																													
	1 — 38.3°C - 38.9°C for 24 or less																													
	*2 — 38.9 °C or higher with any of the following: • lasts longer than 24 hours • feel unwell • with other symptoms: cough, shortness of breath, pain, dizziness, nausea or diarrhea																													
Fever: (Checkpoint Inhibitor and Chemotherapy)	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 ER)																													
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																													

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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 room (ER)**

Month: _____

Symptom	Symptom Rating	Date:																						
Diarrhea <small>(rating is above your usual if diarrhea is normal for you)</small>	0 No diarrhea																							
	1 Diarrhea 1 to 2 times in a day (24 hours)																							
	*2 Diarrhea 3 or more times in a day (24 hours)																							
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 ER or call 911																							
Cough	0 No cough																							
	*1 Cough interferes with breathing or speaking																							
Fatigue/ Tiredness	0 No fatigue and can do my usual activity																							
	1 Mild fatigue and can continue with normal activity but better with rest																							
	2 In bed/chair for part of the day due to fatigue — resting does not make it better *3 Can't get out of bed or I can't take care of myself																							
Skin changes	0 No skin changes																							
	1 Some redness or rash on my skin, itching																							
	*2 Skin changes increasing or with pain *3 Skin changes with pain and difficulty functioning																							
Other: (Tell your health care team)																								