Use your Checkpoint Inhibitor and Chemotherapy 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 room (ER)

Keeping Track of Your Symptoms on Chemotherapy and Checkpoint Inhibitor

Symptom	Symptom Rating	Date of Cycle																		
					Т						П					П				
Skin changes to hands or feet	 0 No skin changes 1 Some redness, rash, itching, or cracking to my skin *2 Skin changes increasing or with pain but can still function *3 Skin changes with pain and difficulty functioning 																			
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 go to ER or call 911 																			
Constipation	 0 Not constipated 1 No bowel movements in 2 days *2 No bowel movements in 3 days *3 No bowel movements in 4 days (go to ER) 																			
Cough	No cough *1 Cough interferes with breathing or speaking																			
Nerve Changes	 No sensation changes Numbness or tingling in my hands or feet that is new or getting worse Pain in my hands or feet, or pain or weakness all over Difficulty doing up buttons, picking up coins, or feeling the shape of small objects when they are in my hand or difficulty walking 																			
Sensitivity t	o cold Yes No If yes, date it started:							date	it en	ded:										
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																			

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 room (ER)										



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 ER)																					
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 ER) 																					
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 (go to ER) 																					
Fatigue/ Tiredness	 No fatigue and can do my usual activity Mild fatigue and can continue with normal activity In bed/chair for part of the day due to my fatigue In bed/chair for most of the day due to my fatigue Cannot get out of bed or I can't take care of myself 																					
Mouth Sores	 No mouth sores Mouth sores that do not hurt or mild redness/soreness Mouth sores are red or white, swollen and hurt, but I can still eat or drink Mouth sores are red or white, swollen and hurt and I cannot eat or drink 																					
Diarrhea	0 No diarrhea1 Diarrhea 1 to 3 times in a day (24 hours)*2 Diarrhea 4 or more times in a day (24 hours)																					