






# How to Track Signs of Side Effects

## Example Tracker

Use the example to the right as a guide of how someone might track their signs of side effects during a single day.



It's important to write down how you feel normally before your first infusion, so you can notice any changes that may occur during treatment.

	Bowel movements 	Shortness of breath 	Pain 	Tiredness 	Other signs of side effects	What activities did you do?
What's normal for me	I usually have <u>3</u> bowel movements a day	My breathing disrupts my daily activities: <input checked="" type="radio"/> A little <input type="radio"/> A lot	On a scale of 1-10 (10=severe) my pain is usually: <u>4</u> My pain usually lasts: <u>3-5</u> hours	I usually sleep <u>8</u> hours a day	I usually experience:	
Date: <u>Mon, Jan 1</u> appointments, <u>Check-up,</u> <u>Blood test</u>	Write down how many bowel movements you've had today: <u>4</u> Note any other details	<input checked="" type="radio"/> A little <input type="radio"/> A lot Note any other details	How painful? <u>4</u> How long? <u>3-5</u> ? <u>Stomach pain in the morning</u>	Write down how many hours you've slept today: <u>5</u>	Write down how many times you felt this today	<u>Went to the park today</u>

## Signs of Digestive Side Effects:



**1-4 more bowel movements with watery stools** in 24 hours compared with your usual:

*I usually have \_\_\_ bowel movements a day.*



**Nausea** that interferes with your ability to eat



**Dark, tarry, or bloody stools**



**Severe pain or tenderness in your abdomen** (stomach area)



**Vomiting** 3 or more times within 24 hours

## Signs of General Side Effects:



**Headaches** that interfere with regular activities



**Increased tiredness** not relieved by sleep

*I usually sleep \_\_\_ hours a day.*



**Fever** of more than 100°F with or without chills



**Feeling cold** all the time



**Dizziness or fainting**



**Excessive bleeding or bruising**

## Signs of Lung-Related Side Effects:



**Shortness of breath**



**New or worsening cough**

## Signs of Skin Side Effects:



**Rashes**



**Skin itching**

## Signs of Liver Side Effects:



**Dark, tea-colored urine**



**Yellowing of the whites of your eyes**

**This is not a complete list of possible side effects. Be sure to discuss any side effect you experience with your doctor.**












# Your Daily Side Effect Tracker

Keep track of your signs of side effects here. To help you notice any changes, write down what's normal for you before starting treatment. This is not a complete list of possible side effects.

Name: \_\_\_\_\_

Treatment: \_\_\_\_\_

Infusion Date: \_\_\_\_\_

	Bowel movements 	Shortness of breath 	Pain 	Tiredness 	Other signs of side effects	What activities did you do?
What's normal for me	I usually have _____ bowel movements a day	My breathing disrupts my daily activities:  A little      A lot	On a scale of 1-10 (10=severe) my pain is usually: _____ My pain usually lasts: _____ hours	I usually sleep _____ hours a day	I usually experience:	
Date, appointments, etc	Write down how many bowel movements you've had today. Note any other details	 A little      A lot Note any other details	How <u>painful</u> ? How <u>long</u> ? Describe your pain	Write down how many hours you've slept today	Write down how many times you felt this today	
		 A little      A lot	_____ _____			
		 A little      A lot	_____ _____			
		 A little      A lot	_____ _____			
		 A little      A lot	_____ _____			
		 A little      A lot	_____ _____			