

## **Toxicity Record**

Name:	Start date:	Course No:
We are interested in knowing about any side effects or symptoms which occurred	during and after your drug the	erapy. Please indicate on this sheet the symptoms
you had by entering the code number (#) that best describes the severity. Also, re	cord the dates on which the sy	ymptoms occurred. (Use the back of this sheet for

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We are interested in knowing about	any	side	e eff	ects	or	sym	pto	ms ۱	whic	h occ	curre	d dur	ing a	nd af	ter yo	our d	rug t	hera	oy. Pl	ease	indi	cate c	n thi	s she	et th	e syn	npton	กร
you had by entering the code number (#) that best describes the severity. Also, record the dates on which the symptoms occurred. (Use the back of this sheet for																												
comments). Please bring this form with you when you return to clinic and show it to your doctor and nurse. Additional sheets will be provided as necessary. Thank												nk																
you for your cooperation.																												
Designation:																												

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None = 0

Symptoms

50% of day.

fluids

support

>10

(swollen abdomen)

Mild = 1 (No lx required) Moderate = 2 (lx required) Severe = 3 (Interferes w/function)

**FEVER: 0**=None ▶ **1**=98.7°<100.4° ▶

**FATIGUE: 0**=None ▶ **1**=Mild, normal activity with effort ▶ 2=In bed less than 50% of day ▶ 3=Limited self care. In bed or chair more than

NAUSEA: 0=None ▶ 1=Can eat ▶ 2=Intake

VOMITING: 0=None ► 1=Vomit x1 only ► 2=Vomit 2-5 times in 24hrs ► 3=Vomit >6 times daily ▶ 4=Vomit >10 times or required IV

**SOREMOUTH: 0**=None ▶ **1**=Soreness or painless ulcers ► 2=Painful ulcers (can eat) ► **3**=Painful ulcers (cannot eat) ► **4**=Required IV

**DIARRHEA: 0**=None ▶ **1**=2-3 stools over normal ▶ 2=4-6/day over normal ▶ **3**=Watery stools, 7-9/day ▶ **4**=Bloody stools,

**CONSTIPATION:** 0=None ▶ 1=No BM-2 days ► 2=No BM-2 to 4 days ► 3=No BM >4 days

**2**=100.5°-104° **▶ 3**=>104°

decreased ► 3=No intake

Day

dates

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
RED/BURNING/WATERING EYES: 0=None ► 1=Mild ► 2=Moderate ► 3=Severe																												
SORE FINGERS/TOES: 0=None ► 1=Red, or mild pain ► 2=Redness with pain ► 3=Pain, interferes w/function																												
NUMBNESS/TINGLING: 0=None ► 1=Mild ► 2=Moderate ► 3=Severe, interferes w/function																												
MUSCLE ACHE/PAIN: 0=None ► 1=Mild ► 2=Moderate, requires meds ► 3=Severe, interferes w/function																												
HAIR THINNING: 0=None ► 1=Mild hair loss ■ 2=Pronounced or total hair loss																												
SKIN RASH: 0=None ► 1=Scattered rash or redness, mild itch ► 2=Scattered rash w/ itch + symptoms ► 3=Generalized rash with sores & symptoms ► 4=Rash with open sores & symptoms																												
PAINFUL:																												
OTHER:																												
OTHER:																												
OTHER:																												
DRUG / MEDICATIONS:																												