

Chemotherapy Side Effects Patient Questionnaire

Name _____ Date _____

Please answer the following questions and indicate what best describes how you feel. It is important to keep your doctor and nurse informed of any side effects you experience during your chemotherapy treatment.

1. Nausea

Over the past 7 days, I have experienced nausea approximately _____ times a day.

Please circle:

1	2	3	4	5	6	7	8	9	10
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None

Severe

2. Vomiting

Over the past 7 days, I have experienced vomiting approximately _____ times a day.



Please circle:

1	2	3	4	5	6	7	8	9	10
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None

Severe

3. Diarrhea

Over the past 7 days, I have experienced diarrhea approximately _____ times a day.



Please circle:

1	2	3	4	5	6	7	8	9	10
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None

Severe

4. Signs of Dehydration

Check any symptoms that you may be experiencing.

Dry mouth

Thirst



Decreased urination

Dizziness



Chemotherapy Side Effects Patient Questionnaire (cont'd)

5. Anemia/Fatigue

If you experience any of the symptoms below, you may have a low red blood cell count. Your doctor may perform a blood test for anemia and may prescribe medication to increase your red blood cell count. Check any symptoms that you may be experiencing.

Sometimes tired

No energy

Shortness of breath

Dizziness or fainting

Rapid heartbeat

Pale skin



Often tired

Weakness

Confusion or loss of concentration

Feeling cold

Sadness or depression

Loss of appetite



6. Chemotherapy-Related Neuropathy

Symptoms of neuropathy are listed below. Check any symptoms that you may be experiencing.

Increased sensitivity, particularly to cold

Tingling or numbness in fingers or toes; feeling of "pins and needles"

Pain in hands or feet



Reduced sense of touch

Sensation of difficulty breathing or swallowing



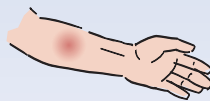
7. Infection

If you experience any of the symptoms below, you may have a low white blood cell count. Your doctor may perform a blood test to look for signs of infection and may prescribe medication to increase your white blood cell count. Check any symptoms that you may be experiencing.

Redness, swelling, or tenderness at the IV site

Fever (temperature that is over 100.5°F)

Mouth sores



Flu-like symptoms, such as aches and fatigue

Ear infections

Burning when urinating

Chills or sweating

Sore throat



8. Low Platelet Count

Check any symptoms that you may be experiencing.

Bruising easily



Bleeding easily

