

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																												
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	0 No cough																													
	*1 Cough interferes with breathing or speaking																													
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 pain or weakness all over																													
	*3 Difficulty doing up buttons, picking up coins, or feeling the shape of small objects when they are in my hand or difficulty walking																													

Sensitivity to cold Yes No If yes, date it started: _____ date it ended: _____

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																													

