

Symptoms/Side Effects

Describe primary

General (applies to all)

- Started _____
With new / end of medications
- Changes with body position
- Duration _____
- Comes and goes
- Random / predictable
- Severity (1 to 10 highest)

B-symptoms (systemic)

- Drenching night sweats
- Unexplained weight loss
- Fever
 - Temperature | Range

Bleeding or bruising (unexplained)

Bowel

- Bloating | Constipation | Cramps | Diarrhea

Breathing

- Wheezing / Pain / Coughing
Shortness of breath

Fatigue

- Low performance | Sleep quality
- Feel stressed or depressed?

Lesions

- Size change | New | Painful | Abrupt

Nausea or bloating

Pain (bone / muscle / other)

- Aches | Burning | Dull | Itching | Hot
Radiating | Sharp | Throbbing

Skin

- Persistent itch | Boils | Rash

Urinary

- Difficulty | Painful | Frequency
Color change

Emergency (call 911)

- Breathing difficulty, or acute allergic reaction suspected?
- Chest pain, pressure, tightening
- New onset of severe pain
- Vision: loss / partial loss of, blurred
- Numbness / tingling in arms / legs
- Sudden confusion, disorientation, memory loss
- High fever (101 or higher) particularly if immune suppressed

Ask your doctor for guidance on what constitutes a medical emergency and what actions you should take.