

Health and Side Effects Diary

Use these pages to note how you are feeling on specific days during your treatment. This may help you see patterns in side effects and make you better able to explain issues to your healthcare provider.

MY PAIN SCALE: Grade your pain using the scale below. A value of 1 is minimal pain. A value of 10 is the most pain you have ever experienced.

MINIMAL PAIN **1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10** MOST PAIN YOU HAVE EVER EXPERIENCED

DATE	DAYS SINCE LAST TREATMENT	WHAT TREATMENT?	PAIN SCALE	SIDE EFFECTS

