JOURNAL OF SYMPTOMS & SIDE EFFECTS

NORTHERN OHIO
REGIONAL CANCER CENTER

5260 SMITH ROAD, BROOK PARK, OHIO 44142
216.265.4580
www.NORCC1.com

CALL IMMEDIATELY IF YOU HAVE:

FEVER 100.5 F DEGREES OR GREATER
BLOOD IN THE URINE | UNCONTROLLABLE NAUSEA OR DIARRHEA
BLACK, TARRY BOWEL MOVEMENT | PAIN MEDICATION IS NOT WROKING
SEVERE DIARRHEA | CHEST PAINS OR SHORTNESS OF BREATH
CONSTIPATION WITH INTENSE ABDOMINAL CRAMPING | SEVERE SHAKING OR CHILLS
CHANGES IN YOUR VISION OR HEARING | BLEEDING FROM THE NOSE OR GUMS

Date	Symptom/Side Effect (tired, constipated, etc.)	Severity 1-10	Action or Medication Taken (called doctor, took Tylenol, etc.)	# of Hours of Relief	Comments