



Daily Wellness Tracker

- This tool is designed to help you stay on track with your treatment plan
- You will find a weekly calendar inside. For each day, there are fields in which you will fill out how you are feeling and add any additional notes
- Use this tracker to collaborate with your healthcare team
- **If you have a troublesome symptom or side effect that is not listed, or you are experiencing a severe symptom that is interfering with your daily activities, please contact your healthcare professional**

WEEK 1

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
	WEEKDAY ___ / ___ MM / DD						
Nausea Compared to an average day, what level of nausea am I experiencing today?	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot
Energy Compared to an average day, what is my current energy level today?	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good
Appetite Compared to an average day, what is my appetite level today?	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good

Notes

WEEK 2

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
	WEEKDAY ___ / ___ MM / DD						
Nausea Compared to an average day, what level of nausea am I experiencing today?	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot
Energy Compared to an average day, what is my current energy level today?	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good
Appetite Compared to an average day, what is my appetite level today?	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good

Notes

WEEK 3

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
	WEEKDAY ___ / ___ MM / DD						
Nausea Compared to an average day, what level of nausea am I experiencing today?	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot
Energy Compared to an average day, what is my current energy level today?	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good
Appetite Compared to an average day, what is my appetite level today?	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good

Notes

WEEK 4

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
	WEEKDAY ___ / ___ MM / DD						
Nausea Compared to an average day, what level of nausea am I experiencing today?	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> A lot
Energy Compared to an average day, what is my current energy level today?	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good
Appetite Compared to an average day, what is my appetite level today?	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Good

Notes

WEEK 5

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
	WEEKDAY						
	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___
	MM / DD						
<p>Nausea</p> <p>Compared to an average day, what level of nausea am I experiencing today?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None A lot	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None A lot	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None A lot	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None A lot	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None A lot	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None A lot	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None A lot
<p>Energy</p> <p>Compared to an average day, what is my current energy level today?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Poor Good						
<p>Appetite</p> <p>Compared to an average day, what is my appetite level today?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Poor Good						

Notes