Fatigue

Date **Time**

Feel fatigued 0 1 2 3 4

Feel weak 0 1 2 3 4

Need to sleep during day 0 1 2 3 4

Too tired to eat 0 1 2 3 4

Need help doing my usual activities 0 1 2 3 4

Frustrated by being too tired to do the things I want to do 0 1 2 3 4

Date **Time**

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Symptoms and side effects record

Fatigue

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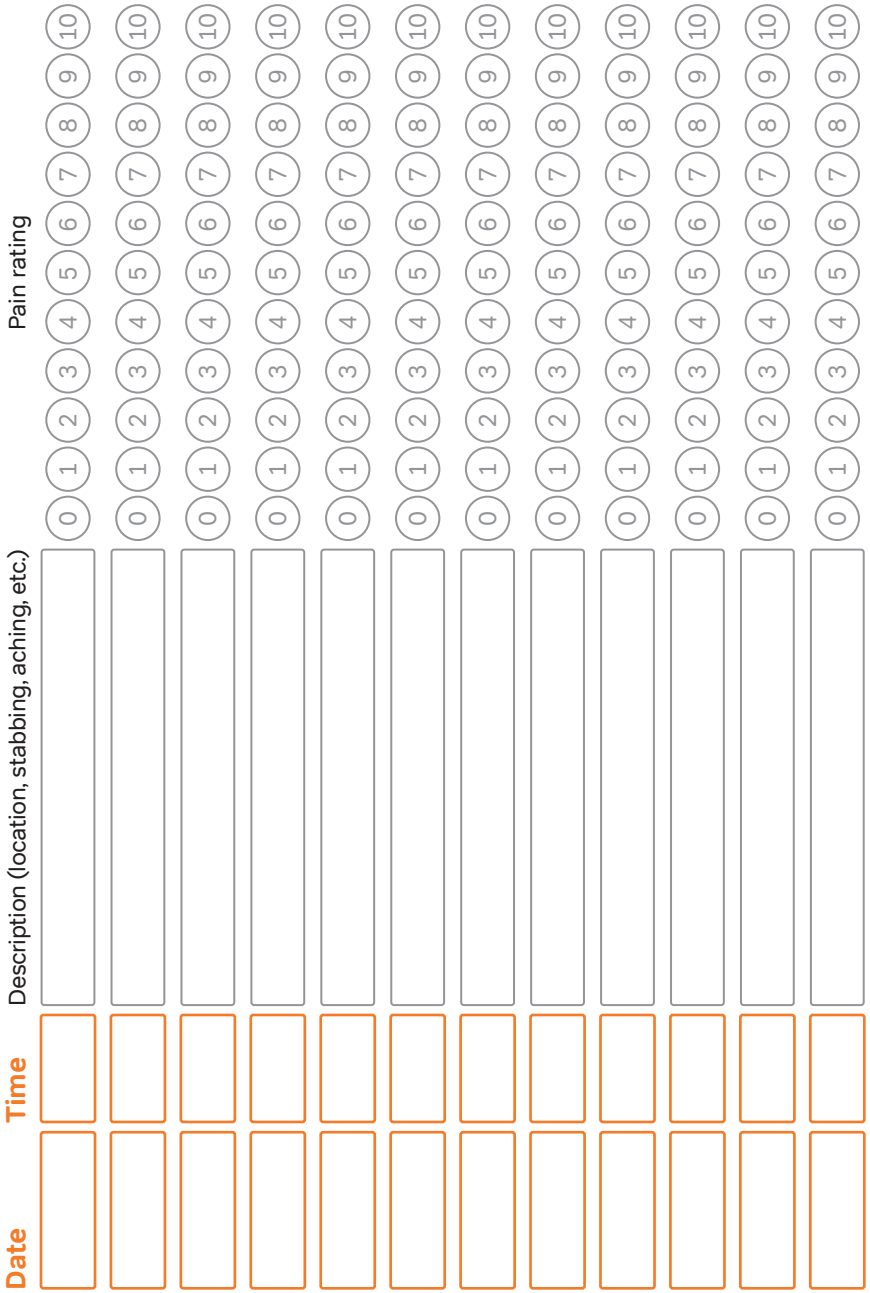
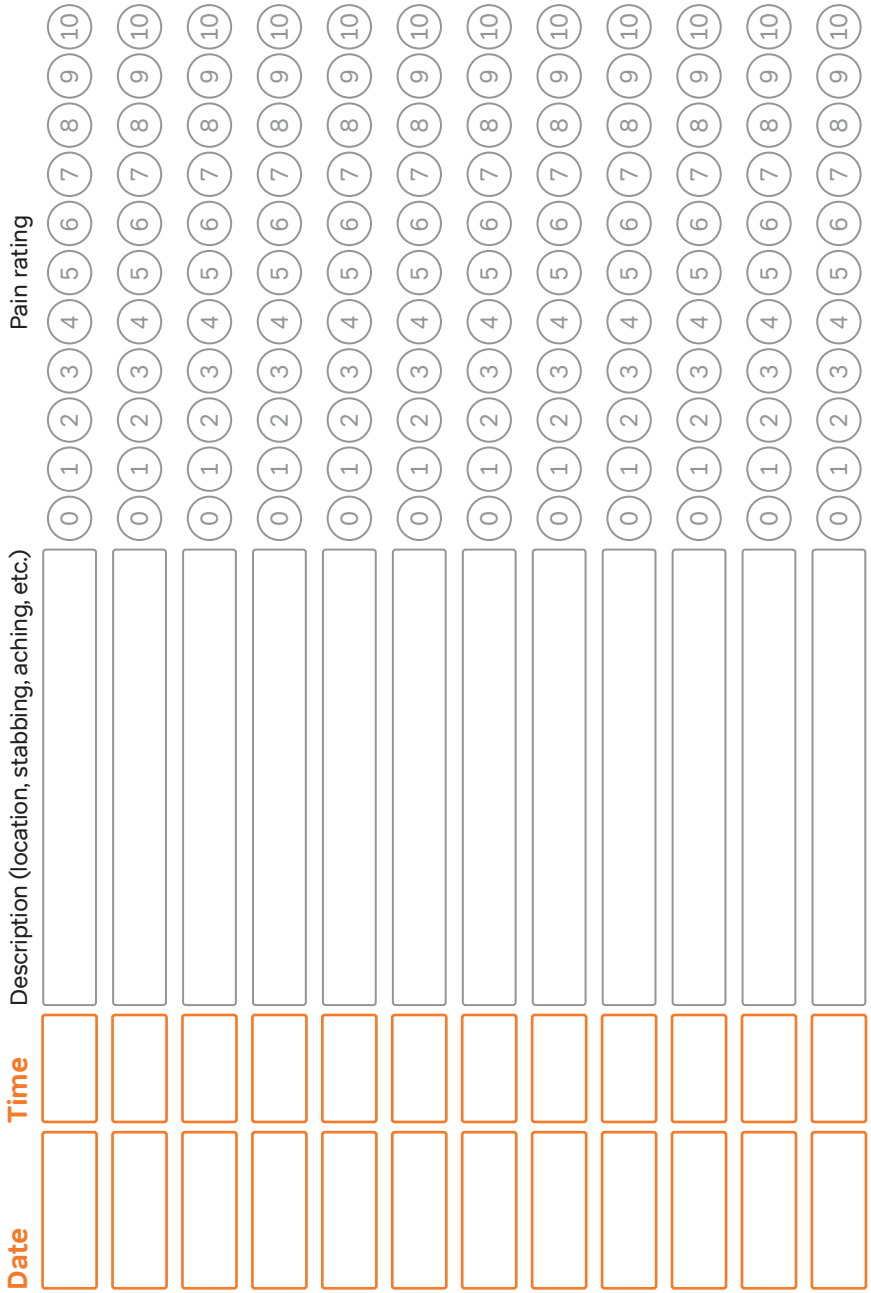
Pain

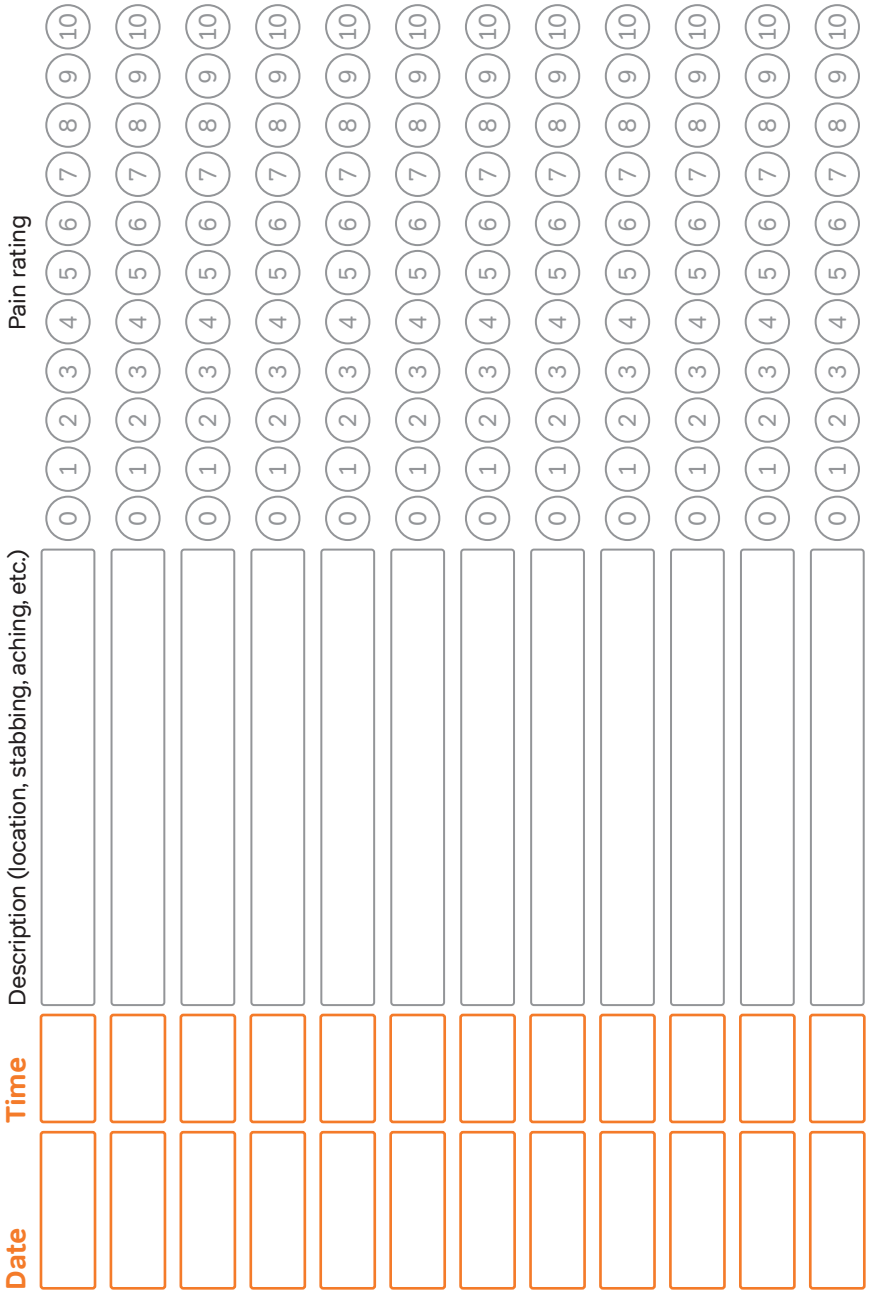


Symptoms and side effects record

Pain

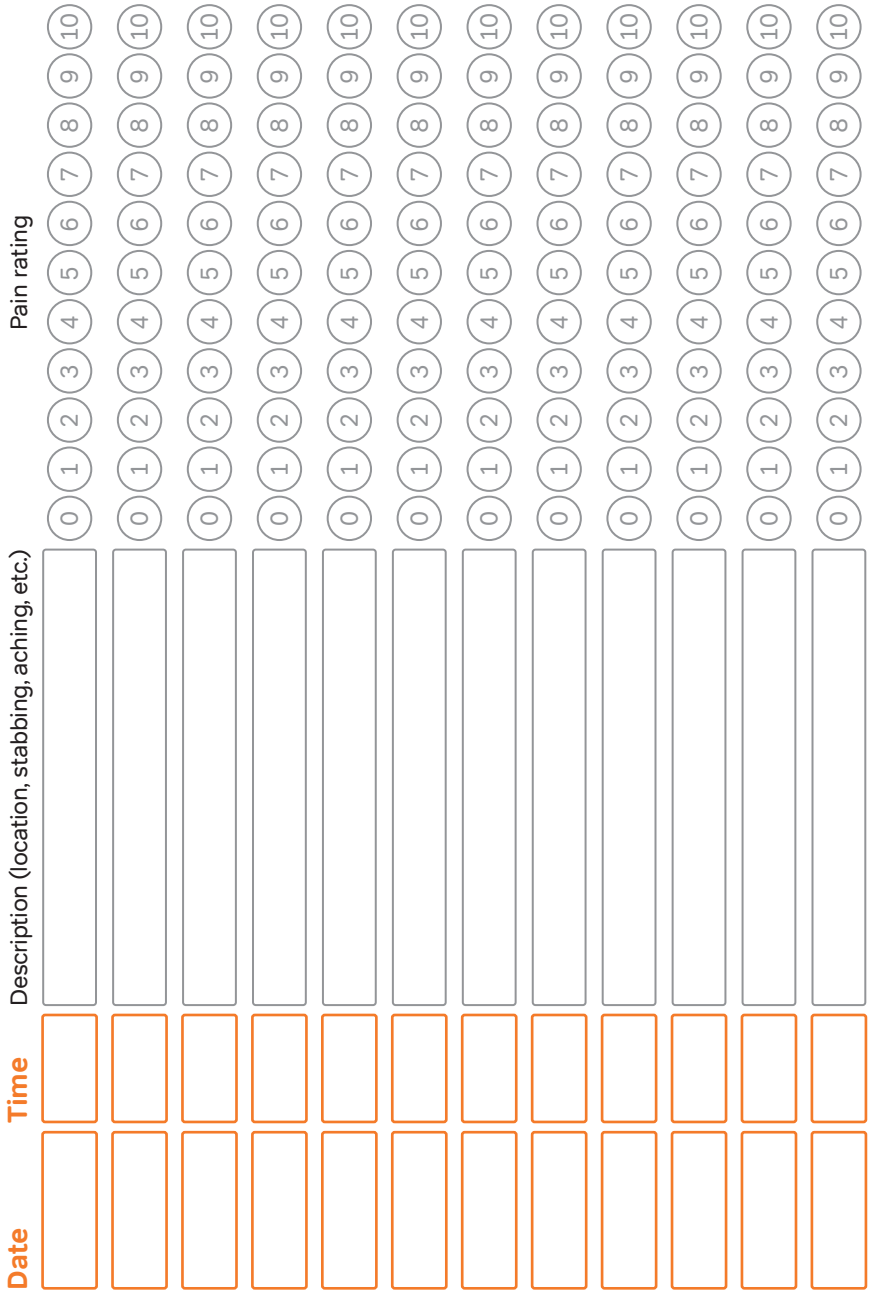


Pain



Symptoms and side effects record

Pain



	Severity Rating	Other notes (e.g. difficulty holding a spoon, difficulty fastening shirt buttons, feeling off balance. Are your symptoms better, worse, or the same as before?)
Date Time	0 1 2 3	
Date Time	0 1 2 3	
Date Time	0 1 2 3	
Date Time	0 1 2 3	
Date Time	0 1 2 3	

Symptoms and side effects record
Peripheral neuropathy

	Severity Rating	Other notes (e.g. difficulty holding a spoon, difficulty fastening shirt buttons, feeling off balance. Are your symptoms better, worse, or the same as before?)
Date Time	0 1 2 3	
Date Time	0 1 2 3	
Date Time	0 1 2 3	
Date Time	0 1 2 3	
Date Time	0 1 2 3	

	Severity Rating	Other notes (e.g. difficulty holding a spoon, difficulty fastening shirt buttons, feeling off balance. Are your symptoms better, worse, or the same as before?)
Date Time	0 1 2 3	
Date Time	0 1 2 3	
Date Time	0 1 2 3	
Date Time	0 1 2 3	
Date Time	0 1 2 3	

Symptoms and side effects record
Peripheral neuropathy

	Severity Rating	Other notes (e.g. difficulty holding a spoon, difficulty fastening shirt buttons, feeling off balance. Are your symptoms better, worse, or the same as before?)
Date Time	0 1 2 3	
Date Time	0 1 2 3	
Date Time	0 1 2 3	
Date Time	0 1 2 3	
Date Time	0 1 2 3	

Gut problems

Date	Time	Constipation	Diarrhoea	Nausea	Vomiting
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

Symptoms and side effects record

Gut problems

Date	Time	Constipation	Diarrhoea	Nausea	Vomiting
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

Gut problems

Date	Time	Constipation	Diarrhoea	Nausea	Vomiting
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

Symptoms and side effects record

Gut problems

Date	Time	Constipation	Diarrhoea	Nausea	Vomiting
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

Psychological wellbeing

Date **Time**

How I feel

Date **Time**

How I feel

Date **Time**

How I feel

Date **Time**

How I feel

Date **Time**

How I feel

Symptoms and side effects record

Psychological wellbeing

Date **Time**

How I feel

Date **Time**

How I feel

Date **Time**

How I feel

Date **Time**

How I feel

Date **Time**

How I feel

Psychological wellbeing

Date **Time**

How I feel

Date **Time**

How I feel

Date **Time**

How I feel

Date **Time**

How I feel

Date **Time**

How I feel

Symptoms and side effects record

Psychological wellbeing

Date **Time**

How I feel

Date **Time**

How I feel

Date **Time**

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Date **Time**

How I feel

Other symptoms and side effects

Date	Time	Symptom/Side effect

How it feels	
How long it lasts	
What eases it	
Impact on your day	

Date	Time	Symptom/Side effect

How it feels	
How long it lasts	
What eases it	
Impact on your day	

Date	Time	Symptom/Side effect

How it feels	
How long it lasts	
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Symptoms and side effects record

Other symptoms and side effects

Date	Time	Symptom/Side effect

How it feels	
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Other symptoms and side effects

Date	Time	Symptom/Side effect

How it feels	
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Symptoms and side effects record

Other symptoms and side effects

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How it feels	
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