Tracking Your Progress

As you begin treatment, this symptom tracker can help you keep tabs on how you're feeling at each of your initial doses. This can make it easier to notice patterns and to see how well your treatment is working over time, and it gives you something to share with your doctor.

DOSE 1 | WEEK 0 Date _____

How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):

Stomach pain _____ Nausea _____ Diarrhea _____ Fatigue _____

Other _____

How do you feel about your symptoms today?

DOSE 2 | WEEK 2 Date _____

How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):

Stomach pain _____ Nausea _____ Diarrhea _____ Fatigue _____

Other _____

How do you feel about your symptoms today?

DOSE 3 | WEEK 4 Date _____

How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):

Stomach pain _____ Nausea _____ Diarrhea _____ Fatigue _____

Other _____

How do you feel about your symptoms today?

DOSE 4 | WEEK _____ Date _____

How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):

Stomach pain _____ Nausea _____ Diarrhea _____ Fatigue _____

Other _____

How do you feel about your symptoms today?

DOSE 5 | WEEK _____ Date _____

How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):

Stomach pain _____ Nausea _____ Diarrhea _____ Fatigue _____

Other _____

How do you feel about your symptoms today?

DOSE 6 | WEEK _____ Date _____

How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):

Stomach pain _____ Nausea _____ Diarrhea _____ Fatigue _____

Other _____

How do you feel about your symptoms today?


WORST


POOR


AVERAGE


GOOD


EXCELLENT

DOSE 7 | WEEK _____ Date _____

How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):

Stomach pain _____ Nausea _____ Diarrhea _____ Fatigue _____

Other _____

How do you feel about your symptoms today?


WORST


POOR


AVERAGE


GOOD


EXCELLENT

DOSE 8 | WEEK _____ Date _____

How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):

Stomach pain _____ Nausea _____ Diarrhea _____ Fatigue _____

Other _____

How do you feel about your symptoms today?


WORST


POOR


AVERAGE


GOOD


EXCELLENT

DOSE 9 | WEEK _____ Date _____

How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):

Stomach pain _____ Nausea _____ Diarrhea _____ Fatigue _____

Other _____

How do you feel about your symptoms today?

DOSE 10 | WEEK _____ Date _____

How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):

Stomach pain _____ Nausea _____ Diarrhea _____ Fatigue _____

Other _____

How do you feel about your symptoms today?

DOSE 11 | WEEK _____ Date _____

How would you rate your symptoms today on a scale of 1 (bad) to 5 (great):

Stomach pain _____ Nausea _____ Diarrhea _____ Fatigue _____

Other _____

How do you feel about your symptoms today?