SESSION

DATE _____ CYCLE _____ TIME _____ WITH ME _____

HOSPITAL / INFUSION CENTER

_____

BEFORE I GO

HOW AM I FEELING TODAY?

☐ Rested ☐ Anxious ☐ Tired ☐ Nauseous ☐ Okay ☐ Strong ☐ Scared ☐ Other_____

QUESTIONS FOR THE DOCTOR TODAY

_____

_____

_____

_____

_____

_____

_____

DURING THE SESSION

MEDICATIONS RECEIVED	DURATION	HOW DID IT GO?

SYMPTOMS DURING INFUSION

SYMPTOM	INTENSITY (1–10)	NOTE
	○○○○○○○○○○	
	○○○○○○○○○○	
	○○○○○○○○○○	
	○○○○○○○○○○	
	○○○○○○○○○○	

SESSION

AT HOME — FIRST 24 HOURS

☐ Resting ☐ Eating ☐ Drinking ☐ Sleeping ☐ Nauseous ☐ Strong ☐ In pain ☐ Other_____

SYMPTOMS — WHAT HELPED

SYMPTOM	1–10

MEDS AT HOME

MEDICATION	DOSE	TIME

FOOD & FLUIDS

_____

_____

REST / MOVEMENT

_____

_____

ONE THING THAT WENT WELL TODAY

_____

_____

ONE THING TO TELL THE DOCTOR

_____

_____

HOW I'M DOING

SPACE TO WRITE — NO PROMPTS, NO RULES

_____

_____

_____

_____

_____

_____

_____

IS THERE SOMETHING YOU'D LIKE TO SAY TO SOMEONE AND HAVEN'T?

_____

_____

_____

TOMORROW I WANT TO

_____

_____

SESSION