

Cancer Daily Tracker

During Treatment - Daily Log

Date: _____

Treatment & Medication

Treatment Type _____

Medication Taken Today Yes No

Medication Times _____

Physical Symptoms

Pain Level (0-10) 0 1 2 3 4 5 6 7 8 9 10

Fatigue Level (0-10) 0 1 2 3 4 5 6 7 8 9 10

Nausea Level (0-10) 0 1 2 3 4 5 6 7 8 9 10

Appetite Poor OK Good

Daily Wellness

Hydration (cups of water) _____

Sleep (hours) _____

Sleep Quality (1-5) 1 2 3 4 5 (1=Very Poor, 5=Excellent)

Emotional & Mental Health

Mood Today _____

Anxiety Level (0-10) 0 1 2 3 4 5 6 7 8 9 10

Depression Level (0-10) 0 1 2 3 4 5 6 7 8 9 10

Motivation Level (0-10) 0 1 2 3 4 5 6 7 8 9 10

Faith/Spiritual Strength (1-5) 1 2 3 4 5

Activity & Exercise

Exercise Type	_____
Exercise Duration (minutes)	_____
Steps (if tracking)	_____

Support & Notes

Did I Need Support Today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Support Needed	_____
Notes for Doctor / Questions:	

■ Any Red Flag Symptoms Today?

Fever 38°C+, severe pain, repeated vomiting, breathing issues, unusual bleeding