

# Cancer Daily Tracker

Post Treatment / Survivorship - Daily Log

Date: \_\_\_\_\_

## Medication & Monitoring

Ongoing Medication	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medication Details	_____

## Physical Wellness

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
Appetite	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> OK <input checked="" type="checkbox"/> Good
Weight (kg)	_____
Sleep (hours)	_____

## 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)	_____

## Appointments & Support

Upcoming Appointment	_____
Did I Need Support Today?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Type of Support Needed	_____

## Notes & Reflections

Today's Reflections:
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