

# Cancer Daily Tracker

During Treatment - Daily Log

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

## Treatment & Medication

Treatment Type	_____
Medication Taken Today	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Poor <input type="checkbox"/> OK <input type="checkbox"/> 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*