

# CINV SYMPTOM TRACKER

## Helping you and your oncology care team prevent nausea and vomiting after chemotherapy

Dealing with cancer and side effects from treatment is tough on everyone. But your oncology care team wants you to know, **you don't have to go through it alone.**

One side effect you may have is chemotherapy-induced nausea and vomiting (called CINV). This can happen within the first 24 hours or even several days after your chemotherapy treatment.

**If you have any nausea or vomiting, it's very important that you tell your oncology care team.** Use this Tracker to stay organized and note if and when nausea or vomiting begin. Your Tracker can help start an open discussion with your oncology care team. Then, if needed, they can make a new CINV prevention plan that's right for you.

### How to use the Tracker:

- 1. Keep this card** to track symptoms during your chemotherapy treatments.
- 2. Check the days** when you had nausea or vomiting, or when you used medication to stop it.
- 3. Bring this card** to your chemotherapy appointments and talk to your nurse or doctor about any symptoms you had.

PATIENT NAME: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

OFFICE CONTACT: \_\_\_\_\_

## CYCLE 1 CHEMO DAY 1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mark the box when you experience any of the following:

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5+
Did you have any vomiting?					
Did you feel any nausea?					
Did you take other medications that were prescribed to you to treat nausea and vomiting?					
Did nausea and/or vomiting cause you to limit your everyday activities (eg, eating, working, caring for your loved ones)?					
Did nausea and/or vomiting cause you to return for an office appointment or go to the emergency room?					

## CYCLE 2 CHEMO DAY 1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mark the box when you experience any of the following:

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5+
Did you have any vomiting?					
Did you feel any nausea?					
Did you take other medications that were prescribed to you to treat nausea and vomiting?					
Did nausea and/or vomiting cause you to limit your everyday activities (eg, eating, working, caring for your loved ones)?					
Did nausea and/or vomiting cause you to return for an office appointment or go to the emergency room?					

## CYCLE 3 CHEMO DAY 1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mark the box when you experience any of the following:

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5+
Did you have any vomiting?					
Did you feel any nausea?					
Did you take other medications that were prescribed to you to treat nausea and vomiting?					
Did nausea and/or vomiting cause you to limit your everyday activities (eg, eating, working, caring for your loved ones)?					
Did nausea and/or vomiting cause you to return for an office appointment or go to the emergency room?					

## CYCLE 4 CHEMO DAY 1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mark the box when you experience any of the following:

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5+
Did you have any vomiting?					
Did you feel any nausea?					
Did you take other medications that were prescribed to you to treat nausea and vomiting?					
Did nausea and/or vomiting cause you to limit your everyday activities (eg, eating, working, caring for your loved ones)?					
Did nausea and/or vomiting cause you to return for an office appointment or go to the emergency room?					

