
TREATMENT LOG

CYCLE #: _____

SESSION: _____ OF: _____ CHEMO TREATMENT: Y / N

DATE: _____

THIS MORNING I WOKE UP FEELING ...

- happy energized sad negative
- grateful tired anxious unmotivated
- optimistic scared angry hungry
- worried lonely overwhelmed other: _____

TOTAL HOURS OF FASTING:

TOTAL LITERS OF WATER:



FOOD:

| time | food | amount | notes |
|------|------|--------|-------|
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SUPPLEMENTS & MEDICATIONS:

| time | item | dosage | notes |
|------|------|--------|-------|
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CIRCLE ENERGY LEVEL:

1 2 3 4 5 6 7 8 9 10

3 THINGS I AM GRATEFUL FOR:

1. _____
2. _____
3. _____

SYMPTOMS & SIDE EFFECTS:

- nausea loss of appetite constipation hair loss
- vomiting fever pain when swallowing bruising/bleeding
- fatigue sore mouth muscle aches brain fog
- numbness diarrhea breathing difficulties other: _____

CIRCLE PAIN LEVEL:

1 2 3 4 5 6 7 8 9 10

WHAT WAS CHALLENGING TODAY?

HOW DID YOU MOVE YOUR BODY TODAY?

NOTES:

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