My Journey Log

Date:

Today's Symptoms

Fatigue □None □Mild □Moderate □Severe

Pain □None □Mild □Moderate □Severe

Vomiting □None □1-2 times

□3-5 times □ ≥ 6 times

Diarrhoea □None □1-4 times

□4-6 times □＞7 times

Other symptoms: _____

Medical Procedures

Blood tests □

Imaging studies □

IV infusion □

Oxygen therapy □

Thoracentesis □

Other: _____

Key Contacts

Doctor □

Nurse □

Family member □

Fellow patient □

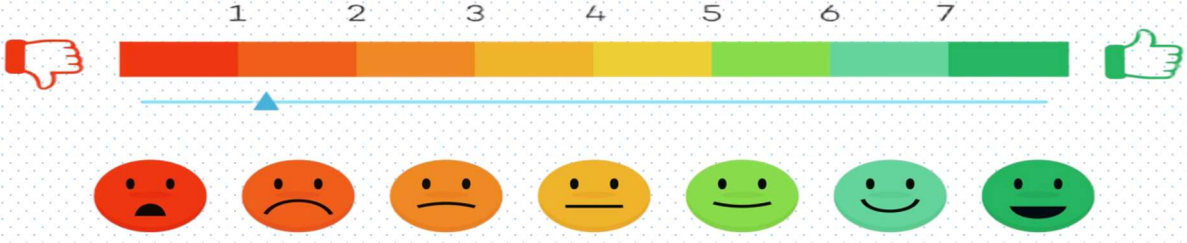
Other: _____

Topics discussed: _____

Free Writing Space

Please write down anything you'd like to record:

Mood & Emotions



Other: _____

