CINV SYMPTOM TRACKER

Use the scales below to rate your CINV level, and note which activities you accomplished, which triggers made you feel nauseous (if any) and what you could eat on a daily basis and record the results on the next page. Share these results with your doctor or nurse to help prevent CINV.

CINV Level
Assess your level of discomfort caused by CINV.

1. No Effect – No nausea or vomiting
2. Mild – Face flushed, slightly dizzy, some stomach discomfort
3. Moderate – Queasy stomach, sweating, feel close to vomiting
4. Severe – Weak, constant nausea, some vomiting (bringing temporary relief), headache
5. Very Severe – Constant nausea, regular vomiting or dry heaves, painful headache, clammy skin
6. Unbearable – Frequent intense vomiting or dry heaves (no relief), intense headache

ACTIVITY
How much were you able to accomplish today?
- [ ] Laid in bed
- [ ] Sat in a chair
- [ ] Walked to the bathroom
- [ ] Managed some normal activity
- [ ] Full regular activity

TRIGGER
What triggers made you feel nauseous?
- [ ] Odors
- [ ] Eating
- [ ] Drinking
- [ ] Moving around
- [ ] Certain times of day

DIET
What could you eat or drink without becoming nauseous?
- [ ] Nothing
- [ ] Clear liquids
- [ ] Bland foods (dry toast, crackers)
- [ ] Small portions
- [ ] Regular meal
# Chemo Day

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