

# 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?

- A. Laid in bed
- B. Sat in a chair
- C. Walked to the bathroom
- D. Managed some normal activity
- E. Full regular activity

## Trigger

What triggers made you feel nauseous?

- A. Odors
- B. Eating
- C. Drinking
- D. Moving around
- E. Certain times of day

## Diet

What could you eat or drink without becoming nauseous?

- A. Nothing
- B. Clear liquids
- C. Bland foods (dry toast, crackers)
- D. Small portions
- E. Regular meal

## Chemo Day

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Date</b>							
<b>CINV Level</b>							
<b>Activities</b>							
<b>Triggers</b>							
<b>Diet</b>							

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
<b>Date</b>							
<b>CINV Level</b>							
<b>Activities</b>							
<b>Triggers</b>							
<b>Diet</b>							

	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
<b>Date</b>							
<b>CINV Level</b>							
<b>Activities</b>							
<b>Triggers</b>							
<b>Diet</b>							