

NOVARTIS ONCOLOGY

# Treatment Tracker

Taking your medication as prescribed is an important part of your therapy. Use the tools below to help keep track of your dosing schedule and any side effects.



## TREATMENT CALENDAR

Start by printing a calendar for each medication you are taking. Fill in the date for each day and check the box when you take your medication that day. There is also space available for daily notes or instructions you may want to include.

Medication Name	How to Take
What It Looks Like	Food Restrictions
Start Date	Timing Restrictions
How Much	Doctor Contact

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Week 1	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>
Week 2	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>
Week 3	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>
Week 4	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>
Week 5	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>	Date _____ _____ <input type="checkbox"/>

## SIDE EFFECT JOURNAL

Use this journal to help track side effects you may experience. Bring the journal to your doctor visits or when seeking medical assistance to help you talk about any side effects and steps you can take to address them.

### Directions:

1. List side effect you are having, the date the side effect started, and how long the side effect lasted.
2. Rate how severe the side effect is, and write down what your doctor has recommended that you do to manage the side effect.
3. Record your response to your doctor's recommendation.

	Side Effect	Side Effect	Side Effect
Description			
Date Started			
How Long It Lasted			
Severity			
Doctor's Recommendation			
Response			
Next Steps			

You should promptly inform your doctor or seek medical attention about any side effects you are experiencing.