WORKSHEET 13

# FOOD INTAKE AND SIDE-EFFECTS LOG

**Date:** _____ **Weight:** _____

Keeping track of your child's food intake, side effects and overall well-being is very important during cancer treatment. Seeing how food intake affects the way the patient feels can provide insights for you, the patient and members of the healthcare team. Tracking a patient's food intake may only be necessary at certain times during treatment. If there is concern about a decline in food intake, monitor the patient's weight. Ask members of the healthcare team what you can do to help and makes sense for your child. Note whether the day being recorded is a treatment day for the patient.

| TIME OF DAY MEAL | FOOD AND BEVERAGES | AMOUNT | HOW DOES YOUR CHILD FEEL? List any side effects the patient experiences. |
|---|---|---|---|
| **Breakfast** | | | |
| **Snack** | | | |
| **Lunch** | | | |
| **Snack** | | | |
| **Dinner** | | | |
| **Snack** | | | |

Circle the patient's overall well-being for the day (0 is the worst, 10 is the best).

**0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**

Worst Best