

Darien Center for  
**FUNCTIONAL MEDICINE**

ROBERT ZEMBROSKI DC, DACNB, MS

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**On this list of possible symptoms and side effects associated with your cancer care,  
please CHECK only those which describe how you feel TODAY.**

**SYMPTOM**

Pain – where:	None	A little	Quite a bit	Worst pain imaginable	
Fever/Chills	None	Mild cold sensation	Moderate – shaking chills	Severe and prolonged	
Fatigue	None at all	A little, relieved by rest	Quite a bit, limits activities	Severe, limits self-care	
Brain fog	None	Cloudy thinking	Forgetful	Can't think straight	
Difficulty sleeping	None	Some difficulty, no medication	Some difficulty, with medication	Most nights without sleep	
Appetite	Normal	Less than normal, but can eat	Eat only occasionally	Weight loss; need tube feedings	No food intake
Weight loss/gain	None	Less than 6 lbs	6–10 lbs	11–20 lbs	More than 20 lbs
Nausea	None	A little	Quite a bit; decreased intake	Severe; unable to eat	
Vomiting	None	1–2 episodes /day	3–5 episodes /day	6–10 episodes/ day	11 or more episodes/day
Diarrhea or cramping	None	2–3 loose stools/day, some cramps	4–6 loose stools/ day, moderate cramps	7–9 loose stools/day, severe cramps	10 or more loose stools/day, bloody stools
Constipation	None	1 stool every 2–3 days	1 stool per week	No stool for more than a week	No stool & severe abdominal pain
Hearing loss; tinnitus	None	Mild	Periodic	Daily	Intolerable
Runny nose; watery eyes	None	Mild	Moderate	Severe	
Difficulty swallowing	None	Mild difficulty with liquids or solids	Moderate difficulty with liquids/solids	Can't eat enough to sustain	

## SYMPTOM

Mouth sores	None	Mild mouth soreness	Painful ulcers, but can eat	Painful ulcers, cannot eat	Need to be fed by a tube
Loss of taste	None	Not completely	Can taste only certain foods	No taste	
Hair loss	None	Mild	Moderate	Total	
Skin rash/ lesions	None	Minimal – no itching	Moderate – some itching	Extensive – severe	Skin blistering or loss of skin
Nail bed health	Normal	Lines/pitting	Discolored/ No growth	Falling out	
Hot flashes	None	Occasional	Mild – 1 per day	Moderate – up to 10 times/day	Severe – more than 10 per day
Respiratory issues/cough	None	Occasional cough	Constant	Severe	
Shortness of breath	None	With moderate activity	With minimal activity	Shortness of breath at rest	
Numbness/ tingling, limbs/ hands/feet	None	Mild	Moderate	Severe	Loss of use of extremity
Irregular heartbeat	None	Occasional	Several times per week	Daily	Requiring medical attention
Fluid buildup	None	Mild	Moderate	Severe, requires medication	
Urinary symptoms	None	Mild pain or difficult voiding	Moderate pain or difficulty voiding	Extreme pain or cannot void	
Mood	Well	Mild anxiety or depression	Moderate anxiety or depression	Severe anxiety or depression	Severe agitation, suicidal thoughts
Anxiety	None	Mild	Moderate	Severe	Need help
Depression	None	Mild	Moderate	Severe	Need help
Fear	None	Mild	Moderate	Severe	Need help
Stress level	Low	Mild	Moderate	Severe	Need help
Attitude	Positive	Hopeful	Wavering	Negative	Need help
Motivation to be victorious	Strong				