








MOVING THROUGH CANCER LOG

DATE: FROM _____ TO _____

	SUN	MON	TUE	WED	THU	FRI	SAT
 GOOD DAY / BAD DAY							
 FATIGUE 0 - 10 (10 WORST)							
 OTHER SYMPTOMS 0 - 10 (10 WORST)							
 SLEEP 0 - 10 (10 BEST)							
 MOVE* ★ (PER 30 MIN)							
 LIFT ★ (PER SESSION)							
 PROTEIN† # SERVINGS							

*Move goal varies according to where you are in treatment (less during chemotherapy and radiation). See book!

† See Chapter 13 for guidance on how much protein you need. For the purposes of this chart, either add up the total grams of protein eaten each day or the number of servings: 1 serving = 3 oz of meat/poultry/fish, ½ cup cottage cheese or yogurt, 1 egg, 1 cup of milk, 1 cup of lentils/beans, 1 protein drink/bar

NOTES:
