

Appendix 1

Drug / dose _____

	Medication					Adverse Events *							
			Dose given		Time	worsening diarrhea		anorexia		lethargy		Other Effect	
	Date	Dose	yes	no		yes	no	yes	no	yes	no	yes	no
WEEK 1		AM											
		PM											
		AM											
		PM											
		AM											
		PM											
		AM											
		PM											
		AM											
		PM											
		AM											
		PM											

*Adverse Event - If any adverse events were noted above, please elaborate, in detail, below.
