

**Instructions:**

Please mark the box for each listed day of this cycle of chemotherapy that most clearly corresponds to the length of time that you have worn your wristbands. Please do not miss out a day and place only one **X** in a box for each day e.g.

	<b>None of the time</b>	<b>A little of the time</b>	<b>Most or all of the time</b>
<b>Day of chemotherapy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Day 1 after chemotherapy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Day 2 after chemotherapy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Day 3 after chemotherapy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Day 4 after chemotherapy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Day 5 after chemotherapy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Day 6 after chemotherapy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed \_\_\_\_\_