AE Flow Sheets
EA3132

Patient Name:_____ **Patient ID:**_____

Cycle:_____

Date of Evaluation:_____

AE's To Be Evaluated Each Cycle	**GRADE**	**ATTRIBUTION** 1-unrelated, 2-unlikely, 3-possible 4-probable, 5-definite
Abdominal pain	0 1 2 3 4 5	1 2 3 4 5
Allergic reaction	0 1 2 3 4 5	1 2 3 4 5
Alopecia	0 1 2 3 4 5	1 2 3 4 5
Anemia	0 1 2 3 4 5	1 2 3 4 5
Anorexia	0 1 2 3 4 5	1 2 3 4 5
Blood bilirubin increased	0 1 2 3 4 5	1 2 3 4 5
Constipation	0 1 2 3 4 5	1 2 3 4 5
Diarrhea	0 1 2 3 4 5	1 2 3 4 5
Fatigue	0 1 2 3 4 5	1 2 3 4 5
Headache	0 1 2 3 4 5	1 2 3 4 5
Nausea	0 1 2 3 4 5	1 2 3 4 5
Neutrophil count decreased	0 1 2 3 4 5	1 2 3 4 5
Mucositis oral	0 1 2 3 4 5	1 2 3 4 5
Palmar-plantar erythrodysesthesia syndrome	0 1 2 3 4 5	1 2 3 4 5
Platelet count decreased	0 1 2 3 4 5	1 2 3 4 5
Vomiting	0 1 2 3 4 5	1 2 3 4 5
White blood cell decreased	0 1 2 3 4 5	1 2 3 4 5
Peripheral sensory neuropathy	0 1 2 3 4 5	1 2 3 4 5
Creatinine increased	0 1 2 3 4 5	1 2 3 4 5
Other Adverse Events?	**Yes No**	**If yes, specify below.**
ADVERSE EVENT CTCAE Version 4.0 Unless Otherwise Stated	**GRADE**	**ATTRIBUTION**
	0 1 2 3 4 5	1 2 3 4 5
	0 1 2 3 4 5	1 2 3 4 5
	0 1 2 3 4 5	1 2 3 4 5
	0 1 2 3 4 5	1 2 3 4 5
	0 1 2 3 4 5	1 2 3 4 5
	0 1 2 3 4 5	1 2 3 4 5
	0 1 2 3 4 5	1 2 3 4 5
	0 1 2 3 4 5	1 2 3 4 5
	0 1 2 3 4 5	1 2 3 4 5
	0 1 2 3 4 5	1 2 3 4 5
	0 1 2 3 4 5	1 2 3 4 5
	0 1 2 3 4 5	1 2 3 4 5

PERFORMANCE STATUS: 0 1 2 3 4

INVESTIGATOR SIGNATURE:_____ **DATE:**_____