

AE Flow Sheets
CCTG CE.7-Baseline

Patient Name: _____

Patient ID: _____

Cycle: _____

Date of Evaluation: _____

<u>AE's To Be Evaluated Each Cycle</u>	<u>GRADE</u>					<u>ATTRIBUTION</u>					
						1-unrelated, 2-unlikely, 3-possible 4-probable, 5-definite					
Dizziness	0	1	2	3	4	5	1	2	3	4	5
Headache	0	1	2	3	4	5	1	2	3	4	5
Constipation	0	1	2	3	4	5	1	2	3	4	5
Hypertension	0	1	2	3	4	5	1	2	3	4	5
Coughing	0	1	2	3	4	5	1	2	3	4	5
Pain	0	1	2	3	4	5	1	2	3	4	5
Dyspnea	0	1	2	3	4	5	1	2	3	4	5
Hallucinations	0	1	2	3	4	5	1	2	3	4	5
Anxiety	0	1	2	3	4	5	1	2	3	4	5
Nervousness	0	1	2	3	4	5	1	2	3	4	5
Changes in behavior	0	1	2	3	4	5	1	2	3	4	5
Tremor	0	1	2	3	4	5	1	2	3	4	5
Confusion	0	1	2	3	4	5	1	2	3	4	5
Akathisia	0	1	2	3	4	5	1	2	3	4	5
Restlessness	0	1	2	3	4	5	1	2	3	4	5
Increased motor activity	0	1	2	3	4	5	1	2	3	4	5
Insomnia	0	1	2	3	4	5	1	2	3	4	5
Fatigue	0	1	2	3	4	5	1	2	3	4	5
Loss of appetite	0	1	2	3	4	5	1	2	3	4	5
Vomiting	0	1	2	3	4	5	1	2	3	4	5
Sleep disturbances	0	1	2	3	4	5	1	2	3	4	5
Alopecia	0	1	2	3	4	5	1	2	3	4	5
Rash	0	1	2	3	4	5	1	2	3	4	5
Pruritis	0	1	2	3	4	5	1	2	3	4	5
Dry skin	0	1	2	3	4	5	1	2	3	4	5
Fatigue	0	1	2	3	4	5	1	2	3	4	5
Nausea	0	1	2	3	4	5	1	2	3	4	5
Cognitive disturbances	0	1	2	3	4	5	1	2	3	4	5
Dry mouth	0	1	2	3	4	5	1	2	3	4	5
Taste changes	0	1	2	3	4	5	1	2	3	4	5
Headache	0	1	2	3	4	5	1	2	3	4	5
Temporary ear canal redness, plugging or drainage	0	1	2	3	4	5	1	2	3	4	5
Drowsiness	0	1	2	3	4	5	1	2	3	4	5
Rash	0	1	2	3	4	5	1	2	3	4	5
Acute edema	0	1	2	3	4	5	1	2	3	4	5
Nausea	0	1	2	3	4	5	1	2	3	4	5
Focal neurological deficit	0	1	2	3	4	5	1	2	3	4	5
Radiation necrosis	0	1	2	3	4	5	1	2	3	4	5
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
Infection	0	1	2	3	4	5	1	2	3	4	5

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Decreased brain function, damage to brain tissue and vasculature	0	1	2	3	4	5	1	2	3	4	5
Thrombosis/thrombus/embolism, stroke or changes in vision	0	1	2	3	4	5	1	2	3	4	5
Other Adverse Events?	Yes		No		If yes, specify below.						
ADVERSE EVENT CTCAE Version 5.0 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

OF STOOLS/DAY: 0 1 2 3

PERFORMANCE STATUS: 0 1 2 3 4

NICOTINE USE

Cigarettes:

Smokeless Tobacco:

E-Cigarettes:

Age Started: _____

Yes / No # of packs/day _____

Yes / No # of cans/day _____

Yes / No # of months used _____

INVESTIGATOR SIGNATURE: _____

DATE: _____