

**AE Flow Sheets
B-51-Baseline**

Patient Name: _____

Patient ID: _____

Cycle: _____

Date of Evaluation: _____

<u>AE's To Be Evaluated Each Cycle</u>	<u>GRADE</u>						<u>ATTRIBUTION</u>				
	0	1	2	3	4	5	1-unrelated, 2-unlikely, 3-possible 4-probable, 5-definite				
Acute coronary syndrome	0	1	2	3	4	5	1	2	3	4	5
Heart failure	0	1	2	3	4	5	1	2	3	4	5
Left ventricular systolic dysfunction	0	1	2	3	4	5	1	2	3	4	5
Myocardial infarction	0	1	2	3	4	5	1	2	3	4	5
Pericarditis	0	1	2	3	4	5	1	2	3	4	5
Edema Limbs	0	1	2	3	4	5	1	2	3	4	5
Edema Trunk	0	1	2	3	4	5	1	2	3	4	5
Fatigue	0	1	2	3	4	5	1	2	3	4	5
Pain	0	1	2	3	4	5	1	2	3	4	5
Skin infection	0	1	2	3	4	5	1	2	3	4	5
Wound infection	0	1	2	3	4	5	1	2	3	4	5
Dermatitis radiation	0	1	2	3	4	5	1	2	3	4	5
Fracture	0	1	2	3	4	5	1	2	3	4	5
Radiation recall reaction (dermatologic)	0	1	2	3	4	5	1	2	3	4	5
Seroma	0	1	2	3	4	5	1	2	3	4	5
Wound complication	0	1	2	3	4	5	1	2	3	4	5
Wound dehiscence	0	1	2	3	4	5	1	2	3	4	5
Chest wall pain	0	1	2	3	4	5	1	2	3	4	5
Fibrosis deep connective tissue	0	1	2	3	4	5	1	2	3	4	5
Muscle weakness upper limb	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

OF STOOLS/DAY: 0 1 2 3

NICOTINE USE

Age Started: _____

Cigarettes:

Yes / No # of packs/day _____

PERFORMANCE STATUS: 0 1 2 3 4

Smokeless Tobacco:

Yes / No # of cans/day _____

E-Cigarettes:

Yes / No # of months used _____

INVESTIGATOR SIGNATURE: _____

DATE: _____