

**AE Flow Sheets
N0577-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					
Cough		0	1	2	3	4	5	1	2	3	4	5
Dyspnea		0	1	2	3	4	5	1	2	3	4	5
Rash/desquamation		0	1	2	3	4	5	1	2	3	4	5
Keratitis		0	1	2	3	4	5	1	2	3	4	5
Nausea		0	1	2	3	4	5	1	2	3	4	5
Other Adverse Events?		Yes No					If yes, specify below.					
ADVERSE EVENT	SPECIFY AE	GRADE					ATTRIBUTION					
CTCAE Version 3.0 Unless Otherwise Stated	ex. Fatigue	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

OF STOOLS/DAY: 0 1 2 3

NICOTINE USE

Age Started: _____

Cigarettes:

Yes / No # of packs/day _____

PERFORMANCE STATUS: 0 1 2 3 4

Yes / No # of cans/day _____

Yes / No # of months used _____

INVESTIGATOR SIGNATURE: _____

DATE: _____

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