

AE Flow Sheets
NRG BR003

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				
Anemia	0 1 2 3 4 5	1	2	3	4	5
Febrile Neutropenia	0 1 2 3 4 5	1	2	3	4	5
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
Sinus Tachycardia	0 1 2 3 4 5	1	2	3	4	5
Abdominal Pain	0 1 2 3 4 5	1	2	3	4	5
Diarrhea	0 1 2 3 4 5	1	2	3	4	5
Oral Mucositis	0 1 2 3 4 5	1	2	3	4	5
Nausea	0 1 2 3 4 5	1	2	3	4	5
Vomiting	0 1 2 3 4 5	1	2	3	4	5
Edema Limbs	0 1 2 3 4 5	1	2	3	4	5
Fatigue	0 1 2 3 4 5	1	2	3	4	5
Fever	0 1 2 3 4 5	1	2	3	4	5
Infusion Related Reaction	0 1 2 3 4 5	1	2	3	4	5
Non-Cardiac Chest 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
Bladder Infection	0 1 2 3 4 5	1	2	3	4	5
Lung Infection	0 1 2 3 4 5	1	2	3	4	5
Sepsis	0 1 2 3 4 5	1	2	3	4	5
ALT/SGPT Increase	0 1 2 3 4 5	1	2	3	4	5
Alkaline Phosphatase Increase	0 1 2 3 4 5	1	2	3	4	5
AST/SGOT Increase	0 1 2 3 4 5	1	2	3	4	5
Blood Bilirubin Increase	0 1 2 3 4 5	1	2	3	4	5
Ejection Fraction Decrease	0 1 2 3 4 5	1	2	3	4	5
Neutrophil Count Decrease	0 1 2 3 4 5	1	2	3	4	5
Platelet Count Decrease	0 1 2 3 4 5	1	2	3	4	5
White Blood Cell Decrease	0 1 2 3 4 5	1	2	3	4	5
Dehydration	0 1 2 3 4 5	1	2	3	4	5
Arthralgia	0 1 2 3 4 5	1	2	3	4	5
Bone Pain	0 1 2 3 4 5	1	2	3	4	5
Myalgia	0 1 2 3 4 5	1	2	3	4	5
Headache	0 1 2 3 4 5	1	2	3	4	5
Peripheral Motor Neuropathy	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
Cough	0 1 2 3 4 5	1	2	3	4	5
Dyspnea	0 1 2 3 4 5	1	2	3	4	5
Hypoxia	0 1 2 3 4 5	1	2	3	4	5
Pneumonitis	0 1 2 3 4 5	1	2	3	4	5

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Pulmonary Fibrosis		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
Rash Maculo-Papular		0 1 2 3 4 5	1 2 3 4 5
Hypertension		0 1 2 3 4 5	1 2 3 4 5
Thromboembolic Event		0 1 2 3 4 5	1 2 3 4 5
Other Adverse Events?		Yes No	
ADVERSE EVENT	SPECIFY AE	GRADE	
CTCAE Version 4.0 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

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: _____