

**AE Flow Sheets  
EA1131**

**Patient Name:** \_\_\_\_\_

**Patient ID:** \_\_\_\_\_

**Cycle:** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

| <u>AE's To Be Evaluated Each Cycle</u>                            | <u>GRADE</u>  | <u>ATTRIBUTION:</u><br>1-unrelated, 2-unlikely, 3-possible<br>4-probable, 5-definite |
|---|---------------|--|
| 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  |
| Bruising  | 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  |
| Nausea  | 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  |
| Vomiting  | 0 1 2 3 4 5   | 1 2 3 4 5  |
| Palmar-plantar erythrodysesthesia                                 | 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  |
| Purpura   | 0 1 2 3 4 5   | 1 2 3 4 5  |
| <b>Other Adverse Events?</b>                                      | <b>Yes No</b> | <b>If yes, specify below.</b>  |
| <b>ADVERSE EVENT</b><br>CTCAE Version 4.0 Unless Otherwise Stated | <b>GRADE</b>  | <b>ATTRIBUTION</b>   |
|   | 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  |
|   | 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:** \_\_\_\_\_