

**AE Flow Sheets
R0724-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				
Fatigue	0	1	2	3	4	5	1	2	3	4	5
Diarrhea	0	1	2	3	4	5	1	2	3	4	5
Constipation	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
Numbness and tingling in fingers and toes	0	1	2	3	4	5	1	2	3	4	5
Rectal irritation	0	1	2	3	4	5	1	2	3	4	5
Urinary frequency	0	1	2	3	4	5	1	2	3	4	5
Difficulty in urination	0	1	2	3	4	5	1	2	3	4	5
Loss of pubic hair	0	1	2	3	4	5	1	2	3	4	5
Reddening and irritation of the skin in the radiated area	0	1	2	3	4	5	1	2	3	4	5
Infection	0	1	2	3	4	5	1	2	3	4	5
Bleeding	0	1	2	3	4	5	1	2	3	4	5
Bruising	0	1	2	3	4	5	1	2	3	4	5
Painful intercourse	0	1	2	3	4	5	1	2	3	4	5
Vaginal narrowing and shortening	0	1	2	3	4	5	1	2	3	4	5
Poor nutrition	0	1	2	3	4	5	1	2	3	4	5
Rectal ulcer	0	1	2	3	4	5	1	2	3	4	5
Bleeding or narrowing of the rectum	0	1	2	3	4	5	1	2	3	4	5
Pain	0	1	2	3	4	5	1	2	3	4	5
Generalized muscle weakness	0	1	2	3	4	5	1	2	3	4	5
Blood in the urine	0	1	2	3	4	5	1	2	3	4	5
Bowel obstruction	0	1	2	3	4	5	1	2	3	4	5
Vaginal fistula	0	1	2	3	4	5	1	2	3	4	5
Kidney damage	0	1	2	3	4	5	1	2	3	4	5
Paralysis	0	1	2	3	4	5	1	2	3	4	5
White blood cell count low	0	1	2	3	4	5	1	2	3	4	5
Anemia	0	1	2	3	4	5	1	2	3	4	5
Swelling	0	1	2	3	4	5	1	2	3	4	5
Changes in vision	0	1	2	3	4	5	1	2	3	4	5
Changes in taste	0	1	2	3	4	5	1	2	3	4	5
Hearing impaired	0	1	2	3	4	5	1	2	3	4	5
Allergic reaction	0	1	2	3	4	5	1	2	3	4	5
Rash	0	1	2	3	4	5	1	2	3	4	5
Abnormal heartbeat	0	1	2	3	4	5	1	2	3	4	5
Low PB	0	1	2	3	4	5	1	2	3	4	5
Wheezing	0	1	2	3	4	5	1	2	3	4	5
Shortness of breath	0	1	2	3	4	5	1	2	3	4	5
Seizure	0	1	2	3	4	5	1	2	3	4	5
Confusion	0	1	2	3	4	5	1	2	3	4	5
Difficulty with balance	0	1	2	3	4	5	1	2	3	4	5

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Swelling of the face or throat	0	1	2	3	4	5	1	2	3	4	5
Alopecia	0	1	2	3	4	5	1	2	3	4	5
Stomach pain	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
	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: _____