

**AE Flow Sheets  
R0724**

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

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

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

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

<u><b>AE's To Be Evaluated Each Cycle</b></u>	<u><b>GRADE</b></u>					<u><b>ATTRIBUTION</b></u>					
	0	1	2	3	4	5	1	2	3	4	5
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
	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
	0	1	2	3	4	5	1	2	3	4	5
	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>	<b>GRADE</b>						<b>ATTRIBUTION</b>				
CTCAE Version 5.0 Unless Otherwise Stated											
	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:** \_\_\_\_\_