

**AE Flow Sheets
EA3132-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				
Abdominal 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
Alopecia	0	1	2	3	4	5	1	2	3	4	5
Anemia	0	1	2	3	4	5	1	2	3	4	5
Anorexia	0	1	2	3	4	5	1	2	3	4	5
Blood bilirubin increased	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
Fatigue	0	1	2	3	4	5	1	2	3	4	5
Headache	0	1	2	3	4	5	1	2	3	4	5
Nausea	0	1	2	3	4	5	1	2	3	4	5
Neutrophil count decreased	0	1	2	3	4	5	1	2	3	4	5
Mucositis oral	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
Platelet count decreased	0	1	2	3	4	5	1	2	3	4	5
Vomiting	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
Peripheral sensory neuropathy	0	1	2	3	4	5	1	2	3	4	5
Creatinine increased	0	1	2	3	4	5	1	2	3	4	5
Other Adverse Events?	Yes		No		If yes, specify below.						
ADVERSE EVENT	GRADE						ATTRIBUTION				
CTCAE Version 4.0 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
	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

Smokeless Tobacco:

Yes / No # of cans/day _____

E-Cigarettes:

Yes / No # of months used _____

INVESTIGATOR SIGNATURE: _____

DATE: _____