

**AE Flow Sheets
EA8143**

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	<u>Start Date</u>	<u>End Date</u>	<u>AE Immune Mediated?</u>	<u>Dose Modification?</u>
Diarrhea	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Fatigue	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Rash maculo-papular	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Pruritus	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Urticaria	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Erythema multiforme	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Dry skin	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Nausea	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Vomiting	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Abdominal pain	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Anorexia	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Weight loss	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Myalgia	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Generalized muscle weakness	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Fever	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Arthralgia	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Pneumonitis	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Cough	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Dyspnea	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No
Headache	0 1 2 3 4 5	1 2 3 4 5			Yes / No	Yes / No

