

**AE Flow Sheets  
CCTG CE.7**

**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
Dizziness	0	1	2	3	4	5	1	2	3	4	5
Headache	0	1	2	3	4	5	1	2	3	4	5
Constipation	0	1	2	3	4	5	1	2	3	4	5
Hypertension	0	1	2	3	4	5	1	2	3	4	5
Coughing	0	1	2	3	4	5	1	2	3	4	5
Pain	0	1	2	3	4	5	1	2	3	4	5
Dyspnea	0	1	2	3	4	5	1	2	3	4	5
Hallucinations	0	1	2	3	4	5	1	2	3	4	5
Anxiety	0	1	2	3	4	5	1	2	3	4	5
Nervousness	0	1	2	3	4	5	1	2	3	4	5
Changes in behavior	0	1	2	3	4	5	1	2	3	4	5
Tremor	0	1	2	3	4	5	1	2	3	4	5
Confusion	0	1	2	3	4	5	1	2	3	4	5
Akathisia	0	1	2	3	4	5	1	2	3	4	5
Restlessness	0	1	2	3	4	5	1	2	3	4	5
Increased motor activity	0	1	2	3	4	5	1	2	3	4	5
Insomnia	0	1	2	3	4	5	1	2	3	4	5
Fatigue	0	1	2	3	4	5	1	2	3	4	5
Loss of appetite	0	1	2	3	4	5	1	2	3	4	5
Vomiting	0	1	2	3	4	5	1	2	3	4	5
Sleep disturbances	0	1	2	3	4	5	1	2	3	4	5
Alopecia	0	1	2	3	4	5	1	2	3	4	5
Rash	0	1	2	3	4	5	1	2	3	4	5
Pruritis	0	1	2	3	4	5	1	2	3	4	5
Dry skin	0	1	2	3	4	5	1	2	3	4	5
Fatigue	0	1	2	3	4	5	1	2	3	4	5
Nausea	0	1	2	3	4	5	1	2	3	4	5
Cognitive disturbances	0	1	2	3	4	5	1	2	3	4	5
Dry mouth	0	1	2	3	4	5	1	2	3	4	5
Taste changes	0	1	2	3	4	5	1	2	3	4	5
Headache	0	1	2	3	4	5	1	2	3	4	5
Temporary ear canal redness, plugging or drainage	0	1	2	3	4	5	1	2	3	4	5
Drowsiness	0	1	2	3	4	5	1	2	3	4	5
Acute edema	0	1	2	3	4	5	1	2	3	4	5
Nausea	0	1	2	3	4	5	1	2	3	4	5
Focal neurological deficit	0	1	2	3	4	5	1	2	3	4	5
Radiation necrosis	0	1	2	3	4	5	1	2	3	4	5
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
Infection	0	1	2	3	4	5	1	2	3	4	5
Decreased brain function, damage to brain tissue and vasculature	0	1	2	3	4	5	1	2	3	4	5

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Thrombosis/thrombus/embolism, stroke or changes in vision	0	1	2	3	4	5	1	2	3	4	5
<b>Other Adverse Events?</b>	<b>Yes</b>		<b>No</b>		<b>If yes, specify below.</b>						
<b>ADVERSE EVENT</b> CTCAE Version 5.0 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

**PERFORMANCE STATUS: 0 1 2 3 4**

**INVESTIGATOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_