

**AE Flow Sheets
A011202-Baseline**

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
Postoperative hemorrhage	0 1 2 3 4 5	1 2 3 4 5
Wound infection	0 1 2 3 4 5	1 2 3 4 5
Seroma	0 1 2 3 4 5	1 2 3 4 5
Lymphedema	0 1 2 3 4 5	1 2 3 4 5
Dermatitis radiation	0 1 2 3 4 5	1 2 3 4 5
Other Adverse Events?	Yes No	If yes, specify below.
ADVERSE EVENT CTCAE Version 4.0 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

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: _____