AE Flow Sheets
EA8183

Patient Name:_____ **Patient ID:**_____

Cycle:_____

Date of Evaluation:_____

AE's To Be Evaluated Each Cycle	**GRADE**	**ATTRIBUTION** 1-unrelated, 2-unlikely, 3-possible 4-probable, 5-definite
Fatigue	0 1 2 3 4 5	1 2 3 4 5
Diahrhea	0 1 2 3 4 5	1 2 3 4 5
Pain in extremity	0 1 2 3 4 5	1 2 3 4 5
Rash	0 1 2 3 4 5	1 2 3 4 5
Neutrophil count decrease	0 1 2 3 4 5	1 2 3 4 5
AST increased	0 1 2 3 4 5	1 2 3 4 5
Bilirubin increased	0 1 2 3 4 5	1 2 3 4 5
Other Adverse Events?	**Yes No**	**If yes, specify below.**
ADVERSE EVENT CTCAE Version 5.0 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
	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:**_____