

NCI- PRO-CTCAE™ ITEMS

Item Library Version 1.0

As individuals go through treatment for their cancer they sometimes experience different symptoms and side effects. For each question, please check or mark an **X in the one box that best describes your experiences over the past 7 days...**

1. PRO-CTCAE™ Symptom Term: Dry mouth				
In the last 7 days, what was the SEVERITY of your DRY MOUTH at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

2. PRO-CTCAE™ Symptom Term: Difficulty swallowing				
In the last 7 days, what was the SEVERITY of your DIFFICULTY SWALLOWING at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

3. PRO-CTCAE™ Symptom Term: Mouth/throat sores				
In the last 7 days, what was the SEVERITY of your MOUTH OR THROAT SORES at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did MOUTH OR THROAT SORES INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

4. PRO-CTCAE™ Symptom Term: Cracking at the corners of the mouth (cheilosis/cheilitis)				
In the last 7 days, what was the SEVERITY of SKIN CRACKING AT THE CORNERS OF YOUR MOUTH at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

5. PRO-CTCAE™ Symptom Term: Voice quality changes				
In the last 7 days, did you have any VOICE CHANGES?				
<input type="radio"/> Yes		<input type="radio"/> No		

6. PRO-CTCAE™ Symptom Term: Hoarseness				
In the last 7 days, what was the SEVERITY of your HOARSE VOICE at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

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7. PRO-CTCAE™ Symptom Term: Taste changes				
In the last 7 days, what was the SEVERITY of your PROBLEMS WITH TASTING FOOD OR DRINK at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

8. PRO-CTCAE™ Symptom Term: Decreased appetite				
In the last 7 days, what was the SEVERITY of your DECREASED APPETITE at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did DECREASED APPETITE INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

9. PRO-CTCAE™ Symptom Term: Nausea				
In the last 7 days, how OFTEN did you have NAUSEA?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your NAUSEA at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

10. PRO-CTCAE™ Symptom Term: Vomiting				
In the last 7 days, how OFTEN did you have VOMITING?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your VOMITING at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

11. PRO-CTCAE™ Symptom Term: Heartburn				
In the last 7 days, how OFTEN did you have HEARTBURN?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your HEARTBURN at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

12. PRO-CTCAE™ Symptom Term: Gas	
In the last 7 days, did you have any INCREASED PASSING OF GAS (FLATULENCE)?	
<input type="radio"/> Yes	<input type="radio"/> No

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13. PRO-CTCAE™ Symptom Term: Bloating				
In the last 7 days, how OFTEN did you have BLOATING OF THE ABDOMEN (BELLY)?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your BLOATING OF THE ABDOMEN (BELLY) at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

14. PRO-CTCAE™ Symptom Term: Hiccups				
In the last 7 days, how OFTEN did you have HICCUPS?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your HICCUPS at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

15. PRO-CTCAE™ Symptom Term: Constipation				
In the last 7 days, what was the SEVERITY of your CONSTIPATION at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

16. PRO-CTCAE™ Symptom Term: Diarrhea				
In the last 7 days, how OFTEN did you have LOOSE OR WATERY STOOLS (DIARRHEA)?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly

17. PRO-CTCAE™ Symptom Term: Abdominal pain				
In the last 7 days, how OFTEN did you have PAIN IN THE ABDOMEN (BELLY AREA)?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your PAIN IN THE ABDOMEN (BELLY AREA) at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did PAIN IN THE ABDOMEN (BELLY AREA) INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

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18. PRO-CTCAE™ Symptom Term: Fecal incontinence				
In the last 7 days, how OFTEN did you LOSE CONTROL OF BOWEL MOVEMENTS?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, how much did LOSS OF CONTROL OF BOWEL MOVEMENTS INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

19. PRO-CTCAE™ Symptom Term: Shortness of breath				
In the last 7 days, what was the SEVERITY of your SHORTNESS OF BREATH at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did your SHORTNESS OF BREATH INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

20. PRO-CTCAE™ Symptom Term: Cough				
In the last 7 days, what was the SEVERITY of your COUGH at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did COUGH INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

21. PRO-CTCAE™ Symptom Term: Wheezing				
In the last 7 days, what was the SEVERITY of your WHEEZING (WHISTLING NOISE IN THE CHEST WITH BREATHING) at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

22. PRO-CTCAE™ Symptom Term: Swelling				
In the last 7 days, how OFTEN did you have ARM OR LEG SWELLING?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your ARM OR LEG SWELLING at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did ARM OR LEG SWELLING INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

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23. PRO-CTCAE™ Symptom Term: Heart palpitations				
In the last 7 days, how OFTEN did you feel a POUNDING OR RACING HEARTBEAT (PALPITATIONS)?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your POUNDING OR RACING HEARTBEAT (PALPITATIONS)? at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

24. PRO-CTCAE™ Symptom Term: Rash	
In the last 7 days, did you have any RASH?	
<input type="radio"/> Yes	<input type="radio"/> No

25. PRO-CTCAE™ Symptom Term: Skin dryness				
In the last 7 days, what was the SEVERITY of your DRY SKIN at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

26. PRO-CTCAE™ Symptom Term: Acne				
In the last 7 days, what was the SEVERITY of your ACNE OR PIMPLES ON THE FACE OR CHEST at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

27. PRO-CTCAE™ Symptom Term: Hair loss				
In the last 7 days, did you have any HAIR LOSS?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

28. PRO-CTCAE™ Symptom Term: Itching				
In the last 7 days, what was the SEVERITY of your ITCHY SKIN at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

29. PRO-CTCAE™ Symptom Term: Hives	
In the last 7 days, did you have any HIVES (ITCHY RED BUMPS ON THE SKIN)?	
<input type="radio"/> Yes	<input type="radio"/> No

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30. PRO-CTCAE™ Symptom Term: Hand-foot syndrome				
In the last 7 days, what was the SEVERITY of your HAND-FOOT SYNDROME (A RASH OF THE HANDS OR FEET THAT CAN CAUSE CRACKING, PEELING, REDNESS OR PAIN) at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

31. PRO-CTCAE™ Symptom Term: Nail loss	
In the last 7 days, did you LOSE ANY FINGERNAILS OR TOENAILS?	
<input type="radio"/> Yes	<input type="radio"/> No

32. PRO-CTCAE™ Symptom Term: Nail ridging	
In the last 7 days, did you have any RIDGES OR BUMPS ON YOUR FINGERNAILS OR TOENAILS?	
<input type="radio"/> Yes	<input type="radio"/> No

33. PRO-CTCAE™ Symptom Term: Nail discoloration	
In the last 7 days, did you have any CHANGE IN THE COLOR OF YOUR FINGERNAILS OR TOENAILS?	
<input type="radio"/> Yes	<input type="radio"/> No

34. PRO-CTCAE™ Symptom Term: Sensitivity to sunlight	
In the last 7 days, did you have any INCREASED SKIN SENSIVITY TO SUNLIGHT?	
<input type="radio"/> Yes	<input type="radio"/> No

35. PRO-CTCAE™ Symptom Term: Bed/pressure sores	
In the last 7 days, did you have any BED SORES?	
<input type="radio"/> Yes	<input type="radio"/> No

36. PRO-CTCAE™ Symptom Term: Radiation skin reaction					
In the last 7 days, what was the SEVERITY of your SKIN BURNS FROM RADIATION at their WORST?					
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe	<input type="radio"/> Not applicable

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37. PRO-CTCAE™ Symptom Term: Skin darkening	
In the last 7 days, did you have any UNUSUAL DARKENING OF THE SKIN?	
<input type="radio"/> Yes	<input type="radio"/> No

38. PRO-CTCAE™ Symptom Term: Stretch marks	
In the last 7 days, did you have any STRETCH MARKS?	
<input type="radio"/> Yes	<input type="radio"/> No

39. PRO-CTCAE™ Symptom Term: Numbness & tingling				
In the last 7 days, what was the SEVERITY of your NUMBNESS OR TINGLING IN YOUR HANDS OR FEET at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did NUMBNESS OR TINGLING IN YOUR HANDS OR FEET INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

40. PRO-CTCAE™ Symptom Term: Dizziness				
In the last 7 days, what was the SEVERITY of your DIZZINESS at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did DIZZINESS INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

41. PRO-CTCAE™ Symptom Term: Blurred vision				
In the last 7 days, what was the SEVERITY of your BLURRY VISION at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did BLURRY VISION INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

42. PRO-CTCAE™ Symptom Term: Flashing lights	
In the last 7 days, did you have any FLASHING LIGHTS IN FRONT OF YOUR EYES?	
<input type="radio"/> Yes	<input type="radio"/> No

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43. PRO-CTCAE™ Symptom Term: Visual floaters	
In the last 7 days, did you have any SPOTS OR LINES (FLOATERS) THAT DRIFT IN FRONT OF YOUR EYES?	
<input type="radio"/> Yes	<input type="radio"/> No

44. PRO-CTCAE™ Symptom Term: Watery eyes				
In the last 7 days, what was the SEVERITY of your WATERY EYES (TEARING) at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did WATERY EYES (TEARING) INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

45. PRO-CTCAE™ Symptom Term: Ringing in ears				
In the last 7 days, what was the SEVERITY of RINGING IN YOUR EARS at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

46. PRO-CTCAE™ Symptom Term: Concentration				
In the last 7 days, what was the SEVERITY of your PROBLEMS WITH CONCENTRATION at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did PROBLEMS WITH CONCENTRATION INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

47. PRO-CTCAE™ Symptom Term: Memory				
In the last 7 days, what was the SEVERITY of your PROBLEMS WITH MEMORY at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did PROBLEMS WITH MEMORY INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

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48. PRO-CTCAE™ Symptom Term: General pain				
In the last 7 days, how OFTEN did you have PAIN?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your PAIN at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did PAIN INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

49. PRO-CTCAE™ Symptom Term: Headache				
In the last 7 days, how OFTEN did you have a HEADACHE?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your HEADACHE at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did your HEADACHE INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

50. PRO-CTCAE™ Symptom Term: Muscle pain				
In the last 7 days, how OFTEN did you have ACHING MUSCLES?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your ACHING MUSCLES at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did ACHING MUSCLES INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

51. PRO-CTCAE™ Symptom Term: Joint pain				
In the last 7 days, how OFTEN did you have ACHING JOINTS (SUCH AS ELBOWS, KNEES, SHOULDERS)?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your ACHING JOINTS (SUCH AS ELBOWS, KNEES, SHOULDERS) at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did ACHING JOINTS (SUCH AS ELBOWS, KNEES, SHOULDERS) INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

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52. PRO-CTCAE™ Symptom Term: Insomnia				
In the last 7 days, what was the SEVERITY of your INSOMNIA (INCLUDING DIFFICULTY FALLING ASLEEP, STAYING ASLEEP, OR WAKING UP EARLY) at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did INSOMNIA (INCLUDING DIFFICULTY FALLING ASLEEP, STAYING ASLEEP, OR WAKING UP EARLY) INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

53. PRO-CTCAE™ Symptom Term: Fatigue				
In the last 7 days, what was the SEVERITY of your FATIGUE, TIREDNESS, OR LACK OF ENERGY at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did FATIGUE, TIREDNESS, OR LACK OF ENERGY INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

54. PRO-CTCAE™ Symptom Term: Anxious				
In the last 7 days, how OFTEN did you feel ANXIETY?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your ANXIETY at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did ANXIETY INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

55. PRO-CTCAE™ Symptom Term: Discouraged				
In the last 7 days, how OFTEN did you FEEL THAT NOTHING COULD CHEER YOU UP?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your FEELINGS THAT NOTHING COULD CHEER YOU UP at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did FEELING THAT NOTHING COULD CHEER YOU UP INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

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56. PRO-CTCAE™ Symptom Term: Sad				
In the last 7 days, how OFTEN did you have SAD OR UNHAPPY FEELINGS?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your SAD OR UNHAPPY FEELINGS at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
In the last 7 days, how much did SAD OR UNHAPPY FEELINGS INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

57. PRO-CTCAE™ Symptom Term: Irregular periods/vaginal bleeding		
In the last 7 days, did you have any IRREGULAR MENSTRUAL PERIODS?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable

58. PRO-CTCAE™ Symptom Term: Missed expected menstrual period		
In the last 7 days, did you MISS AN EXPECTED MENSTRUAL PERIOD?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not applicable

59. PRO-CTCAE™ Symptom Term: Vaginal discharge				
In the last 7 days, did you have any UNUSUAL VAGINAL DISCHARGE?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

60. PRO-CTCAE™ Symptom Term: Vaginal dryness				
In the last 7 days, what was the SEVERITY of your VAGINAL DRYNESS at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

61. PRO-CTCAE™ Symptom Term: Painful urination				
In the last 7 days, what was the SEVERITY of your PAIN OR BURNING WITH URINATION at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

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62. PRO-CTCAE™ Symptom Term: Urinary urgency				
In the last 7 days, how OFTEN did you feel an URGE TO URINATE ALL OF A SUDDEN?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, how much did SUDDEN URGES TO URINATE INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

63. PRO-CTCAE™ Symptom Term: Urinary frequency				
In the last 7 days, were there times when you had to URINATE FREQUENTLY?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, how much did FREQUENT URINATION INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

64. PRO-CTCAE™ Symptom Term: Change in usual urine color	
In the last 7 days, did you have any URINE COLOR CHANGE?	
<input type="radio"/> Yes	<input type="radio"/> No

65. PRO-CTCAE™ Symptom Term: Urinary incontinence				
In the last 7 days, how OFTEN did you have LOSS OF CONTROL OF URINE (LEAKAGE)?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, how much did LOSS OF CONTROL OF URINE (LEAKAGE) INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

66. PRO-CTCAE™ Symptom Term: Achieve and maintain erection						
In the last 7 days, what was the SEVERITY of your DIFFICULTY GETTING OR KEEPING AN ERECTION at its WORST?						
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe	<input type="radio"/> Not sexually active	<input type="radio"/> Prefer not to answer

67. PRO-CTCAE™ Symptom Term: Ejaculation						
In the last 7 days, how OFTEN did you have EJACULATION PROBLEMS?						
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly	<input type="radio"/> Not sexually active	<input type="radio"/> Prefer not to answer

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68. PRO-CTCAE™ Symptom Term: Decreased libido						
In the last 7 days, what was the SEVERITY of your DECREASED SEXUAL INTEREST at its WORST?						
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe	<input type="radio"/> Not sexually active	<input type="radio"/> Prefer not to answer

69. PRO-CTCAE™ Symptom Term: Delayed orgasm			
In the last 7 days, did you feel that it TOOK TOO LONG TO HAVE AN ORGASM OR CLIMAX?			
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sexually active	<input type="radio"/> Prefer not to answer

70. PRO-CTCAE™ Symptom Term: Unable to have orgasm			
In the last 7 days, were you UNABLE TO HAVE AN ORGASM OR CLIMAX?			
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sexually active	<input type="radio"/> Prefer not to answer

71. PRO-CTCAE™ Symptom Term: Pain w/sexual intercourse						
In the last 7 days, what was the SEVERITY of your PAIN DURING VAGINAL SEX at its WORST?						
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe	<input type="radio"/> Not sexually active	<input type="radio"/> Prefer not to answer

72. PRO-CTCAE™ Symptom Term: Breast swelling and tenderness				
In the last 7 days, what was the SEVERITY of your BREAST AREA ENLARGEMENT OR TENDERNESS at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

73. PRO-CTCAE™ Symptom Term: Bruising	
In the last 7 days, did you BRUISE EASILY (BLACK AND BLUE MARKS)?	
<input type="radio"/> Yes	<input type="radio"/> No

74. PRO-CTCAE™ Symptom Term: Chills				
In the last 7 days, how OFTEN did you have SHIVERING OR SHAKING CHILLS?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your SHIVERING OR SHAKING CHILLS at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

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75. PRO-CTCAE™ Symptom Term: Increased sweating				
In the last 7 days, how OFTEN did you have UNEXPECTED OR EXCESSIVE SWEATING DURING THE DAY OR NIGHTTIME (NOT RELATED TO HOT FLASHES)?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your UNEXPECTED OR EXCESSIVE SWEATING DURING THE DAY OR NIGHTTIME (NOT RELATED TO HOT FLASHES) at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

76. PRO-CTCAE™ Symptom Term: Decreased sweating	
In the last 7 days, did you have an UNEXPECTED DECREASE IN SWEATING?	
<input type="radio"/> Yes	<input type="radio"/> No

77. PRO-CTCAE™ Symptom Term: Hot flashes				
In the last 7 days, how OFTEN did you have HOT FLASHES?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your HOT FLASHES at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

78. PRO-CTCAE™ Symptom Term: Nosebleed				
In the last 7 days, how OFTEN did you have NOSEBLEEDS?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
In the last 7 days, what was the SEVERITY of your NOSEBLEEDS at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

79. PRO-CTCAE™ Symptom Term: Pain and swelling at injection site		
In the last 7 days, did you HAVE ANY PAIN, SWELLING, OR REDNESS AT A SITE OF DRUG INJECTION OR IV?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not applicable

80. PRO-CTCAE™ Symptom Term: Body odor				
In the last 7 days, what was the SEVERITY of your BODY ODOR at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

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OTHER SYMPTOMS	
Do you have any other symptoms that you wish to report?	
<input type="radio"/> Yes	<input type="radio"/> No
Please list any other symptoms:	
1.	In the last 7 days, what was the SEVERITY of this symptom at its WORST? <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe
2.	In the last 7 days, what was the SEVERITY of this symptom at its WORST? <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe
3.	In the last 7 days, what was the SEVERITY of this symptom at its WORST? <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe
4.	In the last 7 days, what was the SEVERITY of this symptom at its WORST? <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe
5.	In the last 7 days, what was the SEVERITY of this symptom at its WORST? <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe

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