

Ped-PRO-CTCAE® ITEMS-ENGLISH (UNIVERSAL)

Item Library Version 1.1

Please answer the following questions:

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| 1. PRO-CTCAE® Symptom Term: Dry mouth |
| a. In the past 7 days, how bad was your <u>dry mouth</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| b. In the past 7 days, how much did <u>dry mouth</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 2. PRO-CTCAE® Symptom Term: Difficulty swallowing |
| a. In the past 7 days, how bad were your <u>problems with swallowing</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |

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| 3. PRO-CTCAE® Symptom Term: Mouth/throat pain |
| a. In the past 7 days, how often did you have <u>pain in your mouth or throat</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad was the <u>pain in your mouth or throat</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did <u>pain in your mouth or throat</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 4. PRO-CTCAE® Symptom Term: Voice quality changes |
| a. In the past 7 days, did you have any <u>changes in your voice</u> ? |
| <input type="radio"/> No |
| <input type="radio"/> Yes |
| <input type="radio"/> I do not know |
| b. In the past 7 days, how much did <u>changes in your voice</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 5. PRO-CTCAE® Symptom Term: Hoarseness |
| a. In the past 7 days, how often did you have a <u>hoarse (scratchy) voice</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad was your <u>hoarse (scratchy) voice</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did a <u>hoarse (scratchy) voice</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 6. PRO-CTCAE® Symptom Term: Sore throat |
| a. In the past 7 days, how bad was your <u>sore throat</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| b. In the past 7 days, how much did your <u>sore throat</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 7. PRO-CTCAE® Symptom Term: Taste changes |
| a. In the past 7 days, did <u>food or drink taste different than usual</u> ? |
| <input type="radio"/> No |
| <input type="radio"/> Yes |
| <input type="radio"/> I do not know |
| b. In the past 7 days, how much did <u>food or drink tasting different</u> keep you from eating your usual food? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 8. PRO-CTCAE® Symptom Term: Decreased appetite |
| a. In the past 7 days, how often did you <u>not want to eat your meals</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |

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| 9. PRO-CTCAE® Symptom Term: Nausea |
| a. In the past 7 days, how often did you <u>feel sick to your stomach (like you might have to throw up)</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad was your <u>feeling sick to your stomach (like you might have to throw up)</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did <u>feeling sick to your stomach (like you might have to throw up)</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 10. PRO-CTCAE® Symptom Term: Vomiting |
| a. In the past 7 days, how often did you <u>throw up</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how much did <u>throwing up</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 11. PRO-CTCAE® Symptom Term: Heartburn |
| a. In the past 7 days, how often did you have a <u>burning feeling in your chest (heart burn)</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad was the <u>burning feeling in your chest (heart burn)</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |

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| 12. PRO-CTCAE® Symptom Term: Gas |
| a. In the past 7 days, did you <u>fart more than usual</u> ? |
| <input type="radio"/> No |
| <input type="radio"/> Yes |
| <input type="radio"/> I do not know |
| b. In the past 7 days, how much did <u>farting more than usual</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 13. PRO-CTCAE® Symptom Term: Bloating |
| a. In the past 7 days, did you have a <u>bigger belly than usual</u> ? |
| <input type="radio"/> No |
| <input type="radio"/> Yes |
| <input type="radio"/> I do not know |
| b. In the past 7 days, how much did having a <u>bigger belly than usual</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 14. PRO-CTCAE® Symptom Term: Hiccups |
| a. In the past 7 days, how often did you have <u>hiccups</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad were your <u>hiccups</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |

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| 15. PRO-CTCAE® Symptom Term: Constipation |
| a. In the past 7 days, how often did you have <u>problems with not being able to poop / poo</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad were your <u>problems with not being able to poop / poo</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did <u>problems with not being able to poop / poo</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 16. PRO-CTCAE® Symptom Term: Diarrhea |
| a. In the past 7 days, how often did you have <u>runny or watery poop / poo</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how much did having <u>runny or watery poop / poo</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 17. PRO-CTCAE® Symptom Term: Abdominal pain |
| a. In the past 7 days, how often did you have <u>stomach pain</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad was your <u>stomach pain</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did <u>stomach pain</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 18. PRO-CTCAE® Symptom Term: Fecal incontinence |
| a. In the past 7 days, how often did you <u>poop / poo yourself on accident</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how much did <u>pooping / pooing yourself on accident</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 19. PRO-CTCAE® Symptom Term: Shortness of breath |
| a. In the past 7 days, how often did you have <u>problems breathing (shortness of breath)</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad were your <u>problems breathing (shortness of breath)</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did your <u>problems breathing (shortness of breath)</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 20. PRO-CTCAE® Symptom Term: Cough |
| a. In the past 7 days, how often did you <u>cough</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad was your <u>coughing</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did <u>coughing</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 21. PRO-CTCAE® Symptom Term: Wheezing |
| a. In the past 7 days, how bad was your <u>wheezing (a whistling noise in your chest when you breathe)</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| b. In the past 7 days, how much did <u>wheezing (a whistling noise in your chest when you breathe)</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 22. PRO-CTCAE® Symptom Term: Sneezing |
| a. In the past 7 days, how bad was your <u>sneezing</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |

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| 23. PRO-CTCAE® Symptom Term: Swelling |
| a. In the past 7 days, how bad was the <u>puffiness (swelling) in your arms, hands, legs, or feet</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| b. In the past 7 days, how much did the <u>puffiness (swelling) in your arms, hands, legs, or feet</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 24. PRO-CTCAE® Symptom Term: Heart palpitations |
| a. In the past 7 days, how often did you have a <u>racing heart beat</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad was your <u>racing heart beat</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |

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| 25. PRO-CTCAE® Symptom Term: Skin dryness |
| a. In the past 7 days, did you have any <u>dry skin</u> ? |
| <input type="radio"/> No |
| <input type="radio"/> Yes |
| <input type="radio"/> I do not know |

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| 26. PRO-CTCAE® Symptom Term: Acne |
| a. In the past 7 days, how bad were your <u>pimples (bumps on face or chest)</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |

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| 27. PRO-CTCAE® Symptom Term: Hair loss |
| a. In the past 7 days, did your <u>hair fall out</u> ? |
| <input type="radio"/> No |
| <input type="radio"/> Yes |
| <input type="radio"/> I do not know |

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| 28. PRO-CTCAE® Symptom Term: Itching |
| a. In the past 7 days, how bad was your <u>itchy skin</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| b. In the past 7 days, how much did your <u>itchy skin</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 29. PRO-CTCAE® Symptom Term: Hives |
| a. In the past 7 days, did you have <u>itchy red bumps on your skin</u> ? |
| <input type="radio"/> No |
| <input type="radio"/> Yes |
| <input type="radio"/> I do not know |

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| 30. PRO-CTCAE® Symptom Term: Sensitivity to sunlight |
| a. In the past 7 days, did you <u>sunburn more easily</u> ? |
| <input type="radio"/> No |
| <input type="radio"/> Yes |
| <input type="radio"/> I do not know |

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| 31. PRO-CTCAE® Symptom Term: Skin ulceration |
| a. In the past 7 days, did you have <u>open sores or red spots on your skin</u> ? |
| <input type="radio"/> No |
| <input type="radio"/> Yes |
| <input type="radio"/> I do not know |

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| 32. PRO-CTCAE® Symptom Term: Numbness & tingling |
| a. In the past 7 days, how bad was the <u>numbness or tingly feeling in your hands or feet</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| b. In the past 7 days, how much did the <u>numbness or tingly feeling in your hands or feet</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 33. PRO-CTCAE® Symptom Term: Dizziness |
| a. In the past 7 days, how bad was your <u>dizziness</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| b. In the past 7 days, how much did <u>dizziness</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 34. PRO-CTCAE® Symptom Term: Blurred vision |
| a. In the past 7 days, did you <u>see blurry (have blurry vision)</u> ? |
| <input type="radio"/> No |
| <input type="radio"/> Yes |
| <input type="radio"/> I do not know |
| b. In the past 7 days, how much did <u>seeing blurry (having blurry vision)</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 35. PRO-CTCAE® Symptom Term: Flashing lights |
| a. In the past 7 days, did you <u>see any flashes or sparks of light that were there even when your eyes were closed?</u> |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how much did <u>seeing flashes or sparks of light that were there even when your eyes were closed</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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|---|
| 36. PRO-CTCAE® Symptom Term: Watery eyes |
| a. In the past 7 days, how often did you have <u>watery eyes (tearing)</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad were your <u>watery eyes (tearing)</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did <u>watery eyes (tearing)</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 37. PRO-CTCAE® Symptom Term: Ringing in ears |
| a. In the past 7 days, how bad was the <u>ringing or buzzing in your ears</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| b. In the past 7 days, how much did <u>ringing or buzzing in your ears</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 38. PRO-CTCAE® Symptom Term: Dry eyes |
| a. In the past 7 days, how often did you have <u>dry eyes</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad were your <u>dry eyes</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did <u>dry eyes</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 39. PRO-CTCAE® Symptom Term: Concentration |
| a. In the past 7 days, how bad were your <u>problems with paying attention (for example, focusing on TV, reading, or school work)</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| b. In the past 7 days, how much did <u>problems with paying attention (for example, focusing on TV, reading, or school work)</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

| |
|---|
| 40. PRO-CTCAE® Symptom Term: Memory |
| a. In the past 7 days, how bad were your <u>problems remembering things</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| b. In the past 7 days, how much did <u>forgetting things</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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|--|
| 41. PRO-CTCAE® Symptom Term: General pain |
| a. In the past 7 days, how often did you have <u>pain</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad was your <u>pain</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did <u>pain</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 42. PRO-CTCAE® Symptom Term: Headache |
| a. In the past 7 days, how often did your <u>head hurt (headache)</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad was your <u>head hurting (headache)</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did your <u>head hurting (headache)</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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|--|
| 43. PRO-CTCAE® Symptom Term: Muscle pain |
| a. In the past 7 days, how often did your <u>muscles hurt</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad did your <u>muscles hurt</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did your <u>muscles hurting</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 44. PRO-CTCAE® Symptom Term: Joint pain |
| a. In the past 7 days, how often did you have <u>pain in any bendable part of your body (like your knees, ankles, shoulders, or fingers)?</u> |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad was the <u>pain in any bendable part of your body (like your knees, ankles, shoulders, or fingers)?</u> |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did <u>pain in any bendable part of your body (like your knees, ankles, shoulders, or fingers)</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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| 45. PRO-CTCAE® Symptom Term: Insomnia |
| a. In the past 7 days, how often did you have <u>problems sleeping (trouble falling or staying asleep)</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad were your <u>problems sleeping (trouble falling or staying asleep)</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did <u>problems sleeping (trouble falling or staying asleep)</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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|---|
| 46. PRO-CTCAE® Symptom Term: Fatigue |
| a. In the past 7 days, how bad was your <u>feeling tired</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| b. In the past 7 days, how much did <u>feeling tired</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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|--|
| 47. PRO-CTCAE® Symptom Term: Anxious |
| a. In the past 7 days, how often were you <u>worried or nervous</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad were your <u>worried or nervous feelings</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did being <u>worried or nervous</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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|---|
| 48. PRO-CTCAE® Symptom Term: Sad |
| a. In the past 7 days, how bad were your <u>sad or unhappy feelings</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| b. In the past 7 days, how much did <u>sad or unhappy feelings</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

| |
|--|
| 49. PRO-CTCAE® Symptom Term: Suicidal ideation |
| a. In the past 7 days, did you <u>think about hurting yourself</u> ? |
| <input type="radio"/> No |
| <input type="radio"/> Yes |

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|---|
| 50. PRO-CTCAE® Symptom Term: Painful urination |
| a. In the past 7 days, how bad was the <u>pain or burning when you pee</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| b. In the past 7 days, how much did <u>pain or burning when peeing</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

| |
|--|
| 51. PRO-CTCAE® Symptom Term: Urinary urgency |
| a. In the past 7 days, how often did you <u>feel like you could not wait to pee</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how much did <u>feeling like you could not wait to pee</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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|--|
| 52. PRO-CTCAE® Symptom Term: Urinary frequency |
| a. In the past 7 days, how often did you have to <u>pee more than usual</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how much did <u>peeing more than usual</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

| |
|--|
| 53. PRO-CTCAE® Symptom Term: Change in usual urine color |
| a. In the past 7 days, did you have any <u>change in the color of your pee</u> ? |
| <input type="radio"/> No |
| <input type="radio"/> Yes |
| <input type="radio"/> I do not know |

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|---|
| 54. PRO-CTCAE® Symptom Term: Urinary incontinence |
| a. In the past 7 days, how often did you <u>pee yourself on accident</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how much did <u>peeing yourself on accident</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

| |
|---|
| 55. PRO-CTCAE® Symptom Term: Bruising |
| a. In the past 7 days, did you <u>bruise easily (get black and blue marks on your skin)</u> ? |
| <input type="radio"/> No |
| <input type="radio"/> Yes |
| <input type="radio"/> I do not know |

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|---|
| 56. PRO-CTCAE® Symptom Term: Chills |
| a. In the past 7 days, how often did you have <u>shaking chills</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad were your <u>shaking chills</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |

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|--|
| 57. PRO-CTCAE® Symptom Term: Increased sweating |
| a. In the past 7 days, how often did you <u>sweat more than usual or sweat for no reason</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad was your <u>sweating more than usual or sweating for no reason</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did <u>sweating more than usual or sweating for no reason</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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|---|
| 58. PRO-CTCAE® Symptom Term: Hot flashes |
| a. In the past 7 days, how often did you <u>feel hot all of a sudden (hot flashes / flushes)</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad was your <u>feeling hot all of a sudden (hot flashes / flushes)</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did <u>feeling hot all of a sudden (hot flashes / flushes)</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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|---|
| 59. PRO-CTCAE® Symptom Term: Nosebleed |
| a. In the past 7 days, how often did you have <u>nose bleeds</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad were your <u>nose bleeds</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did <u>nose bleeds</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

| |
|---|
| 60. PRO-CTCAE® Symptom Term: Falls |
| a. In the past 7 days, how often did you <u>fall down</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |

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|---|
| 61. PRO-CTCAE® Symptom Term: Muscle weakness |
| a. In the past 7 days, how often did your <u>arms and legs feel weak</u> ? |
| <input type="radio"/> Never |
| <input type="radio"/> Sometimes |
| <input type="radio"/> Most of the time |
| <input type="radio"/> Almost all the time |
| b. In the past 7 days, how bad was the <u>weakness in arms and legs</u> ? |
| <input type="radio"/> Did not have any |
| <input type="radio"/> A little bad |
| <input type="radio"/> Bad |
| <input type="radio"/> Very bad |
| c. In the past 7 days, how much did your <u>arms and legs feeling weak</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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|---|
| 62. PRO-CTCAE® Symptom Term: Restlessness |
| a. In the past 7 days, how hard was it to <u>sit still</u> ? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |
| b. In the past 7 days, how much did <u>not being able to sit still</u> keep you from doing things you usually do? |
| <input type="radio"/> Not at all |
| <input type="radio"/> Some |
| <input type="radio"/> A lot |
| <input type="radio"/> A whole lot |

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