

# Ped-PRO-CTCAE™ [Caregiver] -ENGLISH

Item Library Version 1.0

Please answer the following questions:

<b>1. PRO-CTCAE™ Symptom Term: Dry mouth</b>
a. In the past 7 days, how bad was your child's <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 your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

<b>2. PRO-CTCAE™ Symptom Term: Difficulty swallowing</b>
a. In the past 7 days, how bad were your child's <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 sores	
a.	In the past 7 days, how often did your child have <u>pain in their 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 child's 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 child's mouth or throat</u> keep them from doing things they 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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<b>4. PRO-CTCAE™ Symptom Term: Voice quality changes</b>
a. In the past 7 days, did your child have any <u>changes in their 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 child's voice</u> keep them from doing things they 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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<b>5. PRO-CTCAE™ Symptom Term: Hoarseness</b>
a. In the past 7 days, how often did your child 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 child's <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 your child from doing things they 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 child's <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 child's <u>sore throat</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

7. PRO-CTCAE™ Symptom Term: Taste changes
a. In the past 7 days, did <u>food or drink taste different</u> to your child than usual?
<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 your child from eating their 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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<b>8. PRO-CTCAE™ Symptom Term: Decreased appetite</b>
a. In the past 7 days, how often did your child <u>not want to eat their meals</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time

<b>9. PRO-CTCAE™ Symptom Term: Nausea</b>
a. In the past 7 days, how often did your child <u>feel sick to their stomach (nausea)</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 child's <u>feeling sick to their stomach (nausea)</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 their stomach (nausea)</u> keep your child from doing things they 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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<b>10. PRO-CTCAE™ Symptom Term: Vomiting</b>
a. In the past 7 days, how often did your child <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 your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

<b>11. PRO-CTCAE™ Symptom Term: Heartburn</b>
a. In the past 7 days, how often did your child have a <u>burning feeling in their 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 child's 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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<b>12. PRO-CTCAE™ Symptom Term: Gas</b>
a. In the past 7 days, did your child <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 your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

<b>13. PRO-CTCAE™ Symptom Term: Bloating</b>
a. In the past 7 days, did your child 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 your child from doing things they 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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<b>14. PRO-CTCAE™ Symptom Term: Hiccups</b>
a. In the past 7 days, how often did your child 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 child's <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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<b>15. PRO-CTCAE™ Symptom Term: Constipation</b>
a. In the past 7 days, how often did your child have <u>problems with not being able to poop</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 child's <u>problems with not being able to poop</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</u> keep your child from doing things they 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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<b>16. PRO-CTCAE™ Symptom Term: Diarrhea</b>
a. In the past 7 days, how often did your child have <u>runny or watery poop</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</u> keep your child from doing things they 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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<b>17. PRO-CTCAE™ Symptom Term: Abdominal pain</b>
a. In the past 7 days, how often did your child 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 child's <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 your child from doing things they 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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<b>18. PRO-CTCAE™ Symptom Term: Fecal incontinence</b>
a. In the past 7 days, how often did your child <u>poop themselves 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 your child <u>pooping themselves on accident</u> keep them from doing things they 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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<b>19. PRO-CTCAE™ Symptom Term: Shortness of breath</b>
a. In the past 7 days, how often did your child 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 child's <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 child's <u>problems breathing (shortness of breath)</u> keep them from doing things they 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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<b>20. PRO-CTCAE™ Symptom Term: Cough</b>
a. In the past 7 days, how often did your child <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 child's <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 your child from doing things they 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 child's <u>wheezing</u> (a whistling noise in your child's chest when they breathe)?
<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</u> (a whistling noise in your child's chest when they breathe) keep your child from doing things they usually do?
<input type="radio"/>	Not at all
<input type="radio"/>	Some
<input type="radio"/>	A lot
<input type="radio"/>	A whole lot

22. PRO-CTCAE™ Symptom Term: Sneezing	
a.	In the past 7 days, how bad was your child's <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 child's 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 child's arms, hands, legs, or feet</u> keep them from doing things they usually do?
<input type="radio"/>	Not at all
<input type="radio"/>	Some
<input type="radio"/>	A lot
<input type="radio"/>	A whole lot

24. PRO-CTCAE™ Symptom Term: Heart palpitations	
a.	In the past 7 days, how often did your child 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 child's <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 your child have any dry skin?

No

Yes

I do not know

## 26. PRO-CTCAE™ Symptom Term: Acne

a. In the past 7 days, how bad were your child's pimples (bumps on face or chest)?

Did not have any

A little bad

Bad

Very bad

## 27. PRO-CTCAE™ Symptom Term: Hair loss

a. In the past 7 days, did your child's hair fall out?

No

Yes

I do not know

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## 28. PRO-CTCAE™ Symptom Term: Itching

a. In the past 7 days, how bad was your child's itchy skin?

Did not have any

A little bad

Bad

Very bad

b. In the past 7 days, how much did your child's itchy skin keep them from doing things they usually do?

Not at all

Some

A lot

A whole lot

## 29. PRO-CTCAE™ Symptom Term: Hives

a. In the past 7 days, did your child have itchy red bumps on their skin?

No

Yes

I do not know

## 30. PRO-CTCAE™ Symptom Term: Sensitivity to sunlight

a. In the past 7 days, did your child sunburn more easily?

No

Yes

I do not know

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

<b>32. PRO-CTCAE™ Symptom Term: Numbness &amp; tingling</b>
a. In the past 7 days, how bad was the <u>numbness or tingly feeling in your child's 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 child's hands or feet</u> keep them from doing things they 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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<b>33. PRO-CTCAE™ Symptom Term: Dizziness</b>
a. In the past 7 days, how bad was your child's <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 your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

<b>34. PRO-CTCAE™ Symptom Term: Blurred vision</b>
a. In the past 7 days, did your child <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 your child from doing things they 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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<b>35. PRO-CTCAE™ Symptom Term: Flashing lights</b>
a. In the past 7 days, did your child <u>see any flashes of light that were not there when their eyes were open or 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 of light that were not there when their eyes were open or closed</u> keep your child from doing things they 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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<b>36. PRO-CTCAE™ Symptom Term: Watery eyes</b>
a. In the past 7 days, how often did your child 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 child's <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 your child from doing things they 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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<b>37. PRO-CTCAE™ Symptom Term: Ringing in ears</b>
a. In the past 7 days, how bad was the <u>ringing or buzzing in your child's 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 child's ears</u> keep them from doing things they 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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<b>38. PRO-CTCAE™ Symptom Term: Dry eyes</b>
a. In the past 7 days, how often did your child 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 child's <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 your child from doing things they 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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<b>39. PRO-CTCAE™ Symptom Term: Concentration</b>
a. In the past 7 days, how bad were your child's <u>problems with paying attention (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 (focusing on TV, reading, or school work)</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

<b>40. PRO-CTCAE™ Symptom Term: Memory</b>
a. In the past 7 days, how bad were your child's <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 your child from doing things they 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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<b>41. PRO-CTCAE™ Symptom Term: General pain</b>
a. In the past 7 days, how often did your child 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 child's <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 your child from doing things they 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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<b>42. PRO-CTCAE™ Symptom Term: Headache</b>
a. In the past 7 days, how often did your child's <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 child's <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 child's <u>head hurting (headache)</u> keep them from doing things they 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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<b>43. PRO-CTCAE™ Symptom Term: Muscle pain</b>
a. In the past 7 days, how often did your child's <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 child's <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 child's <u>muscles hurting</u> keep them from doing things they 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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<b>44. PRO-CTCAE™ Symptom Term: Joint pain</b>
a. In the past 7 days, how often did your child have <u>pain in any bendable part of their body (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 child's body (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 child's body (knees, ankles, shoulders, or fingers)</u> keep them from doing things they 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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<b>45. PRO-CTCAE™ Symptom Term: Insomnia</b>
a. In the past 7 days, how often did your child 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 child's <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 your child from doing things they 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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<b>46. PRO-CTCAE™ Symptom Term: Fatigue</b>
a. In the past 7 days, how bad was your child's <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 your child from doing things they 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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<b>47. PRO-CTCAE™ Symptom Term: Anxiety</b>
a. In the past 7 days, how often was your child <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 child's <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 your child from doing things they 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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<b>48. PRO-CTCAE™ Symptom Term: Sad</b>
a. In the past 7 days, how bad were your child's <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 your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

<b>49. PRO-CTCAE™ Symptom Term: Suicidal ideation</b>
a. In the past 7 days, did your child <u>think about hurting themselves</u> ?
<input type="radio"/> No
<input type="radio"/> Yes

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<b>50. PRO-CTCAE™ Symptom Term: Painful urination</b>
a. In the past 7 days, how bad was your child's <u>pain or burning when they peed</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 your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

<b>51. PRO-CTCAE™ Symptom Term: Urinary urgency</b>
a. In the past 7 days, how often did your child <u>feel like they 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 your child <u>feeling like they could not wait to pee</u> keep them from doing things they 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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<b>52. PRO-CTCAE™ Symptom Term: Urinary frequency</b>
a. In the past 7 days, how often did your child 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 your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

<b>53. PRO-CTCAE™ Symptom Term: Change in usual urine color</b>
a. In the past 7 days, did your child have any <u>change in the color of their 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 your child <u>pee themselves 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 your child <u>peeing themselves on accident</u> keep them from doing things they 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 your child <u>bruise easily (get black and blue marks on their skin)</u> ?
<input type="radio"/>	No
<input type="radio"/>	Yes
<input type="radio"/>	I do not know

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<b>56. PRO-CTCAE™ Symptom Term: Chills</b>
a. In the past 7 days, how often did your child 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 child's <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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<b>57. PRO-CTCAE™ Symptom Term: Increased sweating</b>
a. In the past 7 days, how often did your child <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 child's <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 your child from doing things they 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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<b>58. PRO-CTCAE™ Symptom Term: Hot flashes</b>
a. In the past 7 days, how often did your child <u>feel hot all of a sudden (hot flashes)</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 child's <u>feeling hot all of a sudden (hot flashes)</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)</u> keep your child from doing things they 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 your child have nose bleeds?

- Never
- Sometimes
- Most of the time
- Almost all the time

b. In the past 7 days, how bad were your child's nose bleeds?

- Did not have any
- A little bad
- Bad
- Very bad

c. In the past 7 days, how much did nose bleeds keep your child from doing things they usually do?

- Not at all
- Some
- A lot
- A whole lot

## 60. PRO-CTCAE™ Symptom Term: Falls

a. In the past 7 days, how often did your child fall down?

- Never
- Sometimes
- Most of the time
- Almost all the time

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<b>61. PRO-CTCAE™ Symptom Term: Muscle weakness</b>
a. In the past 7 days, how often did your child's <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 your child's 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 child's <u>arms and legs feeling weak</u> keep them from doing things they 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 for your child 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 your child <u>not being able to sit still</u> keep them from doing things they 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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