

NCI- PRO-CTCAE™ ITEMS-ENGLISH

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 in the one box that best describes your experiences over the past 7 days...

1. PRO-CTCAE™ Symptom Term: Dry mouth				
a. 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				
a. 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				
a. 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
b. 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)				
a. 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	
a. In the last 7 days, did you have any VOICE CHANGES?	
<input type="radio"/> Yes ₁	<input type="radio"/> No ₀

6. PRO-CTCAE™ Symptom Term: Hoarseness				
a. 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				
a. 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				
a. 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
b. 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				
a. 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
b. 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				
a. 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
b. 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				
a. 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
b. 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	
a. 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				
a. 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
b. 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				
a. 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
b. 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				
a. 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/Diarrhoea				
a. In the last 7 days, how OFTEN did you have LOOSE OR WATERY STOOLS (DIARRHEA/DIARRHOEA)?				
<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				
a. 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
b. 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
c. 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

18. PRO-CTCAE™ Symptom Term: Fecal incontinence				
a. 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
b. In the last 7 days, how much did LOSS OF CONTROL OF BOWEL MOVEMENTS INTERFERE with your				

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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				
a. 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
b. 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				
a. 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
b. 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				
a. 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				
a. 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
b. 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
c. 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

23. PRO-CTCAE™ Symptom Term: Heart palpitations				
a. 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
b. In the last 7 days, what was the SEVERITY of your POUNDING OR RACING HEARTBEAT				

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(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

a. 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

a. 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

a. 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

a. 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

a. 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

a. In the last 7 days, did you have any HIVES (ITCHY RED BUMPS ON THE SKIN)?	
<input type="radio"/> Yes	<input type="radio"/> No

30. PRO-CTCAE™ Symptom Term: Hand-foot syndrome

a. 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

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31. PRO-CTCAE™ Symptom Term: Nail loss	
a. 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	
a. 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	
a. 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	
a. In the last 7 days, did you have any INCREASED SKIN SENSITIVITY TO SUNLIGHT?	
<input type="radio"/> Yes	<input type="radio"/> No

35. PRO-CTCAE™ Symptom Term: Bed/pressure sores	
a. 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					
a. 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

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

43. PRO-CTCAE™ Symptom Term: Visual floaters	
a. 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

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44. PRO-CTCAE™ Symptom Term: Watery eyes				
a. 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
b. 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				
a. 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				
a. 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
b. 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				
a. 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
b. 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

48. PRO-CTCAE™ Symptom Term: General pain				
a. 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
b. 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
c. 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

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49. PRO-CTCAE™ Symptom Term: Headache				
a. 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
b. 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
c. 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				
a. 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
b. 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
c. 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				
a. 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
b. 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
c. 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

52. PRO-CTCAE™ Symptom Term: Insomnia				
a. 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
b. 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

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53. PRO-CTCAE™ Symptom Term: Fatigue				
a. 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
b. 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				
a. 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
b. 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
c. 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				
a. 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
b. 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
c. 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

56. PRO-CTCAE™ Symptom Term: Sad				
a. 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
b. 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
c. In the last 7 days, how much did SAD OR UNHAPPY FEELINGS INTEFERE 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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57. PRO-CTCAE™ Symptom Term: Irregular periods/vaginal bleeding		
a. 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		
a. 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				
a. 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				
a. 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				
a. 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

62. PRO-CTCAE™ Symptom Term: Urinary urgency				
a. 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
b. 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				
a. 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
b. In the last 7 days, how much did FREQUENT URINATION INTERFERE with your usual or daily activities?				

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<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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64. PRO-CTCAE™ Symptom Term: Change in usual urine color

a. In the last 7 days, did you have any URINE COLOR CHANGE?

Yes No

65. PRO-CTCAE™ Symptom Term: Urinary incontinence

a. In the last 7 days, how OFTEN did you have LOSS OF CONTROL OF URINE (LEAKAGE)?

Never Rarely Occasionally Frequently Almost constantly

b. In the last 7 days, how much did LOSS OF CONTROL OF URINE (LEAKAGE) INTERFERE with your usual or daily activities?

Not at all A little bit Somewhat Quite a bit Very much

66. PRO-CTCAE™ Symptom Term: Achieve and maintain erection

a. In the last 7 days, what was the SEVERITY of your DIFFICULTY GETTING OR KEEPING AN ERECTION at its WORST?

None Mild Moderate Severe Very severe Not sexually active Prefer not to answer

67. PRO-CTCAE™ Symptom Term: Ejaculation

a. In the last 7 days, how OFTEN did you have EJACULATION PROBLEMS?

Never Rarely Occasionally Frequently Almost constantly Not sexually active Prefer not to answer

68. PRO-CTCAE™ Symptom Term: Decreased libido

a. In the last 7 days, what was the SEVERITY of your DECREASED SEXUAL INTEREST at its WORST?

None Mild Moderate Severe Very severe Not sexually active Prefer not to answer

69. PRO-CTCAE™ Symptom Term: Delayed orgasm

a. In the last 7 days, did you feel that it TOOK TOO LONG TO HAVE AN ORGASM OR CLIMAX?

Yes No Not sexually active Prefer not to answer

70. PRO-CTCAE™ Symptom Term: Unable to have orgasm

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a. 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						
a. 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				
a. 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	
a. 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				
a. 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
b. 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

75. PRO-CTCAE™ Symptom Term: Increased sweating				
a. In the last 7 days, how OFTEN did you have UNEXPECTED OR EXCESSIVE SWEATING DURING THE DAY OR NIGHTTIME (NOT RELATED TO HOT FLASHES/FLUSHES)?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. 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/FLUSHES) 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	
a. In the last 7 days, did you have an UNEXPECTED DECREASE IN SWEATING?	
<input type="radio"/> Yes	<input type="radio"/> No

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77. PRO-CTCAE™ Symptom Term: Hot flashes/flushes				
a. In the last 7 days, how OFTEN did you have HOT FLASHES/FLUSHES?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your HOT FLASHES/FLUSHES 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				
a. 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
b. 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		
a. 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				
a. 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

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

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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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