

QS (Questionnaires)

QSCAT=PRO-CTCAE V1.0

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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 select the one response that best describes your experiences over the past 7 days...

QSEVLINT=-P7D

QSTESTCD=PT01001A

QSSYMP™ in SUPPQS (represents the term in the PRO-CTCAE ITEM LIBRARY (Version 1.0))

1. PRO-CTCAE™ Symptom Term: Dry mouth

a. In the last 7 days, what was the SEVERITY of your DRY MOUTH at its WORST?

None Mild Moderate Severe Very severe

QSORRES

QSTESTCD=PT01002A

2. PRO-CTCAE™ Symptom Term: Difficulty swallowing

a. In the last 7 days, what was the SEVERITY of your DIFFICULTY SWALLOWING at its WORST?

None Mild Moderate Severe Very severe

QSTESTCD=PT01003A and PT01003B

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?

None Mild Moderate Severe Very severe

b. In the last 7 days, how much did MOUTH OR THROAT SORES INTERFERE with your usual or daily activities?

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

QSORRES

QSTESTCD=PT01004A

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?

None Mild Moderate Severe Very severe

QSTESTCD=PT01005A

5. PRO-CTCAE™ Symptom Term: Voice quality changes

a. In the last 7 days, did you have any VOICE CHANGES?

Yes No

QSORRES

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Item Library Version 1.0

QSTESTCD=PT01006A

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

QSTESTCD=PT01007A

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

QSTESTCD=PT01008A and PT01008B

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

QSTESTCD=PT01009A and PT01009B

9. PRO-CTCAE™ Symptom Term: Nausea				QSORRES
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 checked="" 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

QSTESTCD=PT01010A and PT01010B

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

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QSTESTCD=PT01011A and PT01011B

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
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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
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QSTESTCD=PT01012A

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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QSTESTCD=PT01013A and PT01013B

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
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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
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QSTESTCD=PT01014A and PT01014B

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
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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
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QSTESTCD=PT01015A

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
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QSTESTCD=PT01016A

16. PRO-CTCAE™ Symptom Term: Diarrhea				
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

QSTESTCD=PT01017A, PT01017B, and PT01017C

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

QSORRES

QSTESTCD=PT01018A and PT01018B

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 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

QSTESTCD=PT01019A and PT01019B

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

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QSTESTCD=PT01020A and PT01020B

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

QSTESTCD=PT01021A

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

QSTESTCD=PT01022A, PT01022B, and PT01022C

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

QSTESTCD=PT01023A and PT01023B

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 (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

QSTESTCD=PT01024A

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

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QSTESTCD=PT01025A

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

QSTESTCD=PT01026A

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

QSTESTCD=PT01027A

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

QSTESTCD=PT01028A

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

QSTESTCD=PT01029A

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		

QSTESTCD=PT01030A

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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NCI- PRO-CTCAE™ ITEMS-ENGLISH

Item Library Version 1.0

QSTESTCD=PT01031A

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

QSTESTCD=PT01032A

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

QSTESTCD=PT01033A

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

QSTESTCD=PT01034A

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

QSTESTCD=PT01035A

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

QSTESTCD=PT01036A

QSORRES

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

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QSTESTCD=PT01037A

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

QSTESTCD=PT01038A

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

QSTESTCD=PT01039A and PT01039B

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

QSTESTCD=PT01040A and PT01040B

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

QSTESTCD=PT01041A and PT01041B

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

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QSTESTCD=PT01042A

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

QSTESTCD=PT01043A

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

QSTESTCD=PT01044A and PT01044B

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

QSTESTCD=PT01045A

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

QSTESTCD=PT01046A and PT01046B

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

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QSTESTCD=PT01047A and PT01047B

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

QSTESTCD=PT01048A, PT01048B, and PT01048C

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

QSTESTCD=PT01049A, PT01049B, and PT01049C

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

QSTESTCD=PT01050A, PT01050B, and PT01050C

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

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QSTESTCD=PT01051A, PT01051B, and PT01051C

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

QSTESTCD=PT01052A and PT01052B

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

QSTESTCD=PT01053A and PT01053B

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

QSTESTCD=PT01054A, PT01054B, and PT01054C

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

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QSTESTCD=PT01055A, PT01055B, and PT01055C

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

QSTESTCD=PT01056A, PT01056B, and PT01056C

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 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

QSTESTCD=PT01057A

57. PRO-CTCAE™ Symptom Term: Irregular periods/vaginal bleeding			QSORRES
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	

QSTESTCD=PT01058A

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

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QSTESTCD=PT01059A

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

QSTESTCD=PT01060A

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

QSTESTCD=PT01061A

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

QSTESTCD=PT01062A and PT01062B

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

QSTESTCD=PT01063A and PT01063B

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?				
<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

QSTESTCD=PT01064A

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

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QSTESTCD=PT01065A and PT01065B

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

QSTESTCD=PT01066A

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?						
<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

QSORRES

QSTESTCD=PT01067A

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

QSORRES

QSTESTCD=PT01068A

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?						
<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

QSTESTCD=PT01069A

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?			
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sexually active	<input type="radio"/> Prefer not to answer

QSORRES

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QSTESTCD=PT01070A

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

QSTESTCD=PT01071A

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

QSTESTCD=PT01072A

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

QSTESTCD=PT01073A

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

QSTESTCD=PT01074A and PT01074B

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

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QSTESTCD=PT01075A and PT01075B

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

QSTESTCD=PT01076A

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

QSTESTCD=PT01077A and PT01077B

77. PRO-CTCAE™ Symptom Term: Hot flashes				
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

QSTESTCD=PT01078A and PT01078B

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

QSTESTCD=PT01079A

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

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QSTESTCD=PT01080A

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
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OTHER SYMPTOMS

Do you have any other symptoms that you wish to report? **QSTESTCD=PT01081**

<input type="radio"/> Yes	<input type="radio"/> No	QSORRES
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Please list any other symptoms:

1. QSTESTCD=PT01082A to PT01091A	In the last 7 days, what was the SEVERITY of this symptom at its WORST? QSTESTCD=PT01082B to PT01091B	QSORRES
<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe		

2.	In the last 7 days, what was the SEVERITY of this symptom at its WORST?	
<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe		

3.	In the last 7 days, what was the SEVERITY of this symptom at its WORST?	
<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe		

4.	In the last 7 days, what was the SEVERITY of this symptom at its WORST?	
<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe		

5.	In the last 7 days, what was the SEVERITY of this symptom at its WORST?	
<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe		

QSTESTCDs are provided for up to 10 write-in symptoms and severity of the symptom at its worst.

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