NCI- PRO-CTCAE™ ITEMS

Item Library Version 1.0

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

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

15. **PRO-CTCAE™ Symptom Term:** Constipation				
In the last 7 days, what was the SEVERITY of your CONSTIPATION at its WORST?				
O None	O Mild	O Moderate	O Severe	O Very severe

16. **PRO-CTCAE™ Symptom Term:** Diarrhea				
In the last 7 days, how OFTEN did you have LOOSE OR WATERY STOOLS (DIARRHEA)?				
O Never	O Rarely	O Occasionally	O Frequently	O Almost constantly

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24. **PRO-CTCAE™ Symptom Term:** Rash	
In the last 7 days, did you have any RASH?	
O Yes	O No

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

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