

Patient personal details

Insurance number:.....
Name:
Date of birth:.....
Date of interview:.....

Institute number:

Physician number:

Chemotherapy

Onset date:

Protocol: CDDP-VP/B // CBP / EEP // TXT+CDDP // ECO // PEV // CBP+VP // CEV //
PE // TOPO/C // PE/B // PE/C // ECO/B // CEP/B

Change in or addition to the Protocol above. yes/no

If yes:

Active substance: Cisplatin / Epirubicin / Etoposide / Docetaxel / Cyclophosphamide
/ Vincristine / Carboplatin / Topotecan

Dose: ... mg/m² or other:....; unit:

Side effects:

Severity:

Hematologic toxicity:

Pancytopenia

Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

specify:

Anaemia

Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

specify:

Leukopenia / Neutropenia

Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

specify:

Thrombocytopenia

Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

specify:

Other:

Fatigue

Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

specify:

Hair loss

Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

specify:

Easy bruising and bleeding

Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

specify:

Infection specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Nausea and vomiting specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Appetite Changes specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Constipation specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Diarrhea specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Mouth, tongue, and throat problems such as sores and pain with swallowing specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Nerve and muscle problems such as numbness, tingling, and pain specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Skin and nail changes such as dry skin and color change specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Urine and bladder changes and kidney problems specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Weight changes specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Chemo brain, which can affect concentration and focus please, specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG),
Mood changes specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Changes in libido and sexual function specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Fertility problems specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

Other:.....
specify:

Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

Concomitant radiotherapy: **yes / no**

if yes: Please fill out the Form D.