

Instructions:

Please mark the box for each question that most clearly corresponds to your experience. Please do not miss out a question and place only one **X** in a box for each question. e.g. The ____ in statements represents the selected phrase.

- | | |
|---|---|
| Day before chemotherapy <input type="checkbox"/> | Day 3 after chemotherapy <input type="checkbox"/> |
| Day of chemotherapy <input type="checkbox"/> | Day 4 after chemotherapy <input type="checkbox"/> |
| Day 1 after chemotherapy <input type="checkbox"/> | Day 5 after chemotherapy <input type="checkbox"/> |
| Day 2 after chemotherapy <input type="checkbox"/> | Day 6 after chemotherapy <input type="checkbox"/> |

1. In the last 12 hours I threw up ____ times:

- 7 or more
- 5-6
- 3-4
- 1-2
- I did not throw up

2. In the last 12 hours, from retching and dry heaves, I have felt ____ distress:

- no
- mild
- moderate
- great
- severe

3. In the last 12 hours, from vomiting or throwing up, I have felt ____ distress:

- severe
- great
- moderate
- mild
- no

4. In the last 12 hours, I have felt nauseated or sick to my stomach:

- not at all
- 1 hour or less
- 2-3 hours
- 4-6 hours
- more than 6 hours

5. In the last 12 hours, from nausea/sickness to my stomach, I have felt ____ distress:

- no
- mild
- moderate
- great
- severe

6. In the last 12 hours, each time I threw up I produced a ____ amount:

- very large (3 cups or more)
- large (2-3 cups)
- moderate (1/2-2 cups)
- small (up to 1/2 cup)
- I did not throw up

7. In the last 12 hours, I have felt nauseated or sick to my stomach ____ times:

- 7 or more
- 5-6
- 3-4
- 1-2
- no

8. In the last 12 hours, I have had periods of retching or dry heaves without bringing anything up ____ times:

- no
- 1-2
- 3-4
- 5-6
- 7 or more

Date completed

d	d
<input type="text"/>	<input type="text"/>

 /

m	m
<input type="text"/>	<input type="text"/>

 /

y	y	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signed _____