Please indicate all symptoms you have experienced in the past week. These symptoms may or may not have been caused by your treatment.

### 1. GASTROINTESTINAL

1.1 Check ALL symptoms that you have experienced during the past week regardless of cause:

- [ ] Diarrhea
- [ ] Constipation
- [ ] Dry mouth
- [ ] Nausea/vomiting
- [ ] No symptoms in this category

1.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- [ ] Tolerable
- [ ] Distressing

### 2. HEART

2.1 Check ALL symptoms that you have experienced during the past week regardless of cause:

- [ ] Palpitation (skipping a beat)
- [ ] Dizziness on standing
- [ ] Chest pain
- [ ] No symptoms in this category

2.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- [ ] Tolerable
- [ ] Distressing

### 3. SKIN

3.1 Check ALL symptoms that you have experienced during the past week regardless of cause:

- [ ] Rash
- [ ] Increased perspiration
- [ ] Itching
- [ ] Dry skin
- [ ] No symptoms in this category

3.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- [ ] Tolerable
- [ ] Distressing

### 4. NERVOUS SYSTEM

4.1 Check ALL symptoms that you have experienced during the past week regardless of cause:

- [ ] Headache
- [ ] Tremors
- [ ] Poor coordination
- [ ] Dizziness
- [ ] No symptoms in this category

4.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- [ ] Tolerable
- [ ] Distressing

### 5. EYES/EARS

5.1 Check ALL symptoms that you have experienced during the past week regardless of cause:

- [ ] Blurred vision
- [ ] Ringing in ears
- [ ] No symptoms in this category

5.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- [ ] Tolerable
- [ ] Distressing

### 6. GENITAL/URINARY

6.1 Check ALL symptoms that you have experienced during the past week regardless of cause:

- [ ] Difficulty urinating
- [ ] Painful urination
- [ ] Frequent urination
- [ ] Menstrual irregularity
- [ ] No symptoms in this category

6.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- [ ] Tolerable
- [ ] Distressing
### 7. SLEEP

7.1 Check **ALL** symptoms that you have experienced during the past week regardless of cause:
- [ ] Difficulty sleeping
- [ ] Sleeping too much
- [ ] No symptoms in this category

7.2 If you had any symptoms over the last week, how bad was your WORST symptom?
- [ ] Tolerable
- [ ] Distressing

### 8. SEXUAL FUNCTIONING

8.1 Check **ALL** symptoms that you have experienced during the past week regardless of cause:
- [ ] Loss of sexual desire
- [ ] Trouble achieving orgasm
- [ ] Trouble with erections
- [ ] No symptoms in this category

8.2 If you had any symptoms over the last week, how bad was your WORST symptom?
- [ ] Tolerable
- [ ] Distressing

### 9. OTHER

9.1 Check **ALL** symptoms that you have experienced during the past week regardless of cause:
- [ ] Anxiety
- [ ] Fatigue
- [ ] Poor concentration
- [ ] Decreased energy
- [ ] General malaise
- [ ] Other
- [ ] Restlessness
- [ ] No symptoms in this category

9.2 If you had any symptoms over the last week, how bad was your WORST symptom?
- [ ] Tolerable
- [ ] Distressing