

cGVHD - Patient Symptom Scale

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Purpose

Chronic GVHD - Patient Symptom Scale eCRF

Visit Date: 11-11-2011

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Comment

Overview

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CRF

Type: CRF

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cGVHD PATIENT SYMPTOM SCALE-PART 1

Date Collected:

Reason if Not Collected:

Seq	Symptom	Score
A	SKIN - ABNORMAL SKIN COLOR	
B	SKIN - RASHES	
C	SKIN - THICKENED SKIN	
D	SKIN - SORES ON SKIN	
E	SKIN - ITCHY SKIN	
F	EYES AND MOUTH - DRY EYES	
G	EYES AND MOUTH - NEED TO USE EYE DROPS FREQUENTLY	
H	EYES AND MOUTH - DIFFICULTY SEEING CLEARLY	
I	EYES AND MOUTH - NEED TO AVOID CERTAIN FOODS DUE TO MOUTH PAIN	
J	EYES AND MOUTH - ULCERS IN MOUTH	
K	EYES AND MOUTH - RECEIVING NUTRITION FROM AN IV LINE OR FEEDING TUBE	

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L BREATHING - FREQUENT COUGH

M BREATHING - COLORED SPUTUM

N BREATHING - SHORTNESS OF BREATH WITH EXERCISE

O BREATHING - SHORTNESS OF BREATH AT REST

P BREATHING - NEED TO USE OXYGEN

Q EATING AND DIGESTION - DIFFICULTY SWALLOWING SOLID FOODS

R EATING AND DIGESTION - DIFFICULTY SWALLOWING LIQUIDS

S EATING AND DIGESTION - VOMITING

T EATING AND DIGESTION - WEIGHT LOSS

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cGVHD PATIENT SYMPTOM SCALE

Seq	Symptom
U	MUSCLES AND JOINTS - PAIN
V	MUSCLES AND JOINTS - STIFFNESS
W	MUSCLES AND JOINTS - WEAKNESS
X	MUSCLES AND JOINTS - CRAMPING
Y	ENERGY - LOSS OF ENERGY
Z	ENERGY - NEED TO SLEEP
AA	ENERGY - FEVERS
BB	MENTAL AND EMOTIONAL - ANXIETY
CC	MENTAL AND EMOTIONAL - DEPRESSION
DD	MENTAL AND EMOTIONAL - OTHER

Total Score:

Field Name	Description / Instructions	Format
Visit Date	The Visit Date is required.	DD-MMM-YYYY
Data Collected	Enter the date the information was collected.	DD-MMM-YYYY
Reason if Not Collected	Enter the reason the information was not collected.	200 characters
Sequence	Symptom's sequence. Pre-defined.	
Symptom	Description of Symptom. Pre-defined.	
Score	Symptom's score. Use the pick list. 0 - NOT AT ALL 1 - Slightly 2 - MODERATELY 3 - QUITE A BIT 4 - EXTREMELY	Use pick list.
Total Score ^(d)	Total score derived by adding all the symptoms scores.	Number (3.0)

 Legend: ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.

Validations

Code	Description	Resolutions
There are no validations.		

Derivations

Code	Field Name	Description
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N/A	Total Score	Total Score derived from adding all individual symptom scores on this CRF.
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