# cGVHD - Patient Symptom Scale

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## Purpose

## Chronic GVHD - Patient Symptom Scale eCRF



| 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.<br><br>0 - NOT AT ALL<br>1 - Slightly<br>2 - MODERATELY<br>3 - QUITE A BIT<br>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 |
| --- | --- | --- |

| N/A | Total Score | Total Score derived from adding all individual symptom scores on this CRF. |