

Specimen

This is a specimen version. Full access to the document is available at

http://www.fbg.ub.edu/index.php?option=com_content&task=view&id=251&Itemid=

CASCO Questionnaire©

All rights reserved.

No part of this document covered by copyrights may be reproduced or transmitted in any form or by any means without prior permission of the copyright holder.

The CASCO Questionnaire and the modules which supplement it, are copyrighted and may not be used without prior written consent of the University of Barcelona.

Requests for permission to use the CASCO questionnaire and the modules, or to reproduce or quote materials contained in this document should be addressed to:

Fundació Bosch i Gimpera
Area de Valorització i Llicències.
Baldiri Reixac, 4-6, Torre D, 3ª Planta
08028 Barcelona
SPAIN

Tel: +34 93 403 9970

Fax: +34 93 403 9767

Email: idea@fbg.ub.es

Specimen

This is a specimen version. Full access to the document is available at

http://www.fbg.ub.edu/index.php?option=com_content&task=view&id=251&Itemid=

Attention

The CASCO Questionnaire is a tool currently under validation process. No warranty is provided regarding the content and calculations included.

Only use for scientific review is permitted.

Clinical use of the CASCO Questionnaire is not allowed.

Copyright © 2011. University of Barcelona.
Under validation edition, 2011

CACHEXIA SCORE

CASCO QUESTIONNAIRE

(Under Validation Edition)

Print Form

Submit by Email

Reset Form

Country

Patient Code

Site Number

Patient's Initials

Birthdate

Date

Underlying disease

Treatment
(Drugs, nutrition, Others)

Calculated Values

BWC

IMD

PHP

ANO

QoL

0

0

0

0

0

CACHEXIA SCORE 0 **Classified as**

BODY WEIGHT LOSS AND COMPOSITION (BWC)

Body Weight Loss

- < 5%
- > or equal to 5%, mild
- > or equal to 10%, moderate
- > or equal to 15%, severe
- > or equal to 20%, terminal

Lean Body Mass

- No change in LBM
- Loss of LBM > 10%

Specimen

INFLAMMATION / METABOLIC DISTURBANCES / IMMUNOSUPPRESSION (IMD)

INFLAMMATION

Plasma CRP

- 5 mg/l ≤ CRP ≤ 10 mg/l
- 10 mg/l < CRP ≤ 20 mg/l
- CRP > 20 mg/l
- Not Tested

Plasma IL6

- 4 pg/ml ≤ IL6 ≤ 10 pg/ml
- 10 pg/ml ≤ IL6 ≤ 30 pg/ml
- IL6 > 30 pg/ml
- Not Tested

METABOLIC DISTURBANCES*

- Plasma Albumin < 3.2 g/dL
- Plasma Pre-Albumin < 1.6 mg/dL
- Plasma Lactate > 2.2 mM
- Plasma Triglycerides > 200 mg/dL
- Anemia: Hb < 12 g/dL
- Plasma Urea > 50 mg/dL
- ROS plasma levels > 300 FORT U
- Glucose Tolerance test / HOMA index altered

* not tested parameters should be left blank

IMMUNOSUPPRESSION*

- IL2 Levels > 500pg/mL
- Peripheral Lymphocytes: Proliferation assay or Skin Hypersensitivity Test

* not tested parameters should be left blank

CACHEXIA SCORE

CASCO QUESTIONNAIRE

(Under Validation Edition)

Patient's Initials

Birthdate

Date

We are interested in knowing some information related to your health status. Please provide an answer all the questions below. There are no "right" or "wrong" answers. The information provided will remain strictly confidential.

PHYSICAL PERFORMANCE (PHP)^[1]

During the past week:

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Have you noticed any particular decrease in the physical activities (i.e. at work, at home, at leisure etc) that you normally carry out during the day? | Not at all | A little | Quite a bit | Very Much |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Have you had any problem doing strenuous activities, like carrying a heavy shopping bag or a suitcase? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Have you noticed any loss of handgrip force? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Did you have to put more effort on climbing stairs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Have you felt tired after walking approximately half a kilometre? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[1] Question 2 copyright of 1995 EORTC Quality of Life Group. Extracted from QLQ-C30 and used with permission.

Please go to the last page of the questionnaire to perform MONITORING TEST of the Physical Performance

ANOREXIA (ANO)^[2]

1. My appetite is:

- Very poor
- Poor
- Average
- Good
- Very good

2. When I eat:

- I feel full after eating only a few mouthfuls
- I feel full after eating about a third of a meal
- I feel full after eating over half a meal
- I feel full after eating most of the meal
- I hardly ever feel full

3. Food tastes:

- Very bad
- Bad
- Average
- Good
- Very good

4. Normally I eat:

- less than one meal a day
- one meal a day
- two meals a day
- three meals a day
- more than three meals a day

[2] Questions from 1-4 extracted from SNAQ of St. Louis GRECC Program of St. Louis VA Medical Center. Used with permission.

CACHEXIA SCORE

CASCO QUESTIONNAIRE

(Under Validation Edition)

Patient's Initials

Birthdate

Date

QUALITY OF LIFE (QoL)

During the past week:

Not at all A little Quite a bit Very Much

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Do you need to stay in bed or a chair during the day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Do you need help with eating, dressing, washing yourself or using the toilet? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Were you limited in doing either your work or other daily activities? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Were you limited in pursuing your hobbies or other leisure time activities? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Were you short of breath? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Have you had pain? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Did you need to rest? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Have you had trouble sleeping? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Have you felt weak? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Have you felt nauseated? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Have you vomited? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Have you been constipated? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Have you had diarrhea? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Did pain interfere with your daily activities? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Have you had difficulty in concentrating on things, like reading a newspaper or watching television ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Did you feel tense? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Did you worry? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Did you feel irritable? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Did you feel depressed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Have you had difficulty remembering things? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. Have your physical condition or medical treatment interefered with your family life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Have your physical condition or medical treatment interefered with your social activities? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. Have your physical condition or medical treatment caused you financial difficulties? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Excellent | Fine | Poor | Very Poor |
| 24. How do you rate your overall health during the past week? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. How do you rate your overall quality of life during the past week? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PHYSICAL PERFORMANCE (PHP) (Cont.)**Monitoring**

Monitoring will take place at the same moment as the questionnaire is filled, normally at the time of diagnose. If monitoring is NOT available the questionnaire will always be used. The very first calculation of the CACHEXIA SCORE will use the values from the questionnaire. Subsequent calculations will use the monitored values according to the following scale:

1. Total Activity:

Previous Test	Date	<input type="text"/>	Value	<input type="text"/>	Reduction of Total Activity from previous measurement in %	0
Current Test	Date	<input type="text"/>	Value	<input type="text"/>		

2. Handgrip strength:

Previous Test	Date	<input type="text"/>	Value	<input type="text"/>	Reduction of Handgrip Strength from previous measurement in %	0
Current Test	Date	<input type="text"/>	Value	<input type="text"/>		

3. Stairs climb:

Previous Test	Date	<input type="text"/>	Value	<input type="text"/>	Reduction of Stairs Climb from previous measurement in %	0
Current Test	Date	<input type="text"/>	Value	<input type="text"/>		

4. 6-min walk distance:

Previous Test	Date	<input type="text"/>	Value	<input type="text"/>	Reduction of 6-min Walk from previous measurement in %	0
Current Test	Date	<input type="text"/>	Value	<input type="text"/>		

This is a specimen version. Full access to the document is available at

http://www.fbg.ub.edu/index.php?option=com_content&task=view&id=251&Itemid=