

Patients' questionnaire

1) How long would you tolerate fatigue? (What is the minimal duration for which you would consider that this toxicity becomes non tolerable?)

Mark only one response per row; ADL abbreviation stands for Activities of Daily Living

	1-7 days	> 7 days
Mild (Fatigue relieved by rest)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Fatigue not relieved by rest; limiting instrumental ADL ¹)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Fatigue not relieved by rest, limiting self-care ADL ²)	<input type="checkbox"/>	<input type="checkbox"/>

1) Instrumental ADL refer to preparing meals, shopping for groceries or clothes, using the telephone, managing money, etc.

2) Self-care ADL refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not bedridden.

2) How long would you tolerate fever?

Mark only one response per row.

	1-7 days	> 7 days
Mild (38.0 - 39.0 degrees C (100.4 - 102.2 degrees F))	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (>39.0 - 40.0 degrees C (102.3 - 104.0 degrees F))	<input type="checkbox"/>	<input type="checkbox"/>
Severe (>40.0 degrees C (>104.0 degrees F))	<input type="checkbox"/>	<input type="checkbox"/>

3) How long would you tolerate nausea?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Loss of appetite without alteration in eating habits)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Oral intake decreased without significant weight loss)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Oral intake decreased with significant weight loss)	<input type="checkbox"/>	<input type="checkbox"/>

4) How long would you tolerate vomiting?

Mark only one response per row.

	1-7 days	> 7 days
Mild (1 - 2 episodes in 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (3 - 5 episodes in 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (>=6 episodes in 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>

5) How long would you tolerate constipation?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Occasional or intermittent symptoms)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Persistent symptoms with regular use of laxatives or enemas)	<input type="checkbox"/>	<input type="checkbox"/>

Severe (Resistant to laxatives and/or hospitalisation indicated)	<input type="checkbox"/>	<input type="checkbox"/>
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6) How long would you tolerate diarrhea?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Increase of <4 stools per day over baseline)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Increase of 4 - 6 stools per day over baseline)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Increase of ≥ 7 stools per day over baseline; hospitalization indicated)	<input type="checkbox"/>	<input type="checkbox"/>

7) How long would you tolerate anorexia?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Loss of appetite without alteration in eating habits)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Loss of appetite with oral intake altered without significant weight loss or malnutrition; oral nutritional supplements indicated)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Loss of appetite associated with significant weight loss and/or tube feeding or total parenteral nutrition indicated)	<input type="checkbox"/>	<input type="checkbox"/>

8) How long would you tolerate dizziness?

Mark only one response per row.

	1-7 days	> 7 days

Mild (Mild unsteadiness or sensation of movement)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Moderate unsteadiness or sensation of movement; limiting instrumental ADL ¹)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Severe unsteadiness or sensation of movement; limiting self-care ADL ²)	<input type="checkbox"/>	<input type="checkbox"/>

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2) Self-care ADL refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not bedridden.

9) How long would you tolerate being confused?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Mild disorientation)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Moderate disorientation; limiting instrumental ADL ¹)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Severe disorientation; limiting self-care ADL ²)	<input type="checkbox"/>	<input type="checkbox"/>

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10) How long would you tolerate having headaches?

Mark only one response per row.

	1-7 days	> 7 days

Mild (Mild pain)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Moderate pain; limiting instrumental ADL ¹)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Severe pain; limiting self-care ADL ²)	<input type="checkbox"/>	<input type="checkbox"/>

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11) How long would you tolerate personality change?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Mild personality change)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Moderate personality change)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Severe personality change)	<input type="checkbox"/>	<input type="checkbox"/>

12) How long would you tolerate acneiform rash?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Papules and/or pustules covering <10% of the body surface area)	<input type="checkbox"/>	<input type="checkbox"/>

Moderate (Papules and/or pustules covering 10 - 30% of the body surface area, associated with psychosocial impact (preventing from going out, seeing friends, or causing depression); limiting instrumental ADL ¹)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Papules and/or pustules covering >30% of the body surface area, and/or associated with local superinfection with antibiotics indicated)	<input type="checkbox"/>	<input type="checkbox"/>

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13) How long would you tolerate other skin rash?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Papules and/or pustules covering <10% of the body surface area)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Papules and/or pustules covering 10 - 30% of the body surface area, associated with psychosocial impact (preventing from going out, seeing friends, or causing depression); limiting instrumental ADL ¹)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Papules and/or pustules covering >30% of the body surface area, and/or associated with local superinfection with antibiotics indicated)	<input type="checkbox"/>	<input type="checkbox"/>

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14) How long would you tolerate shortness of breath?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Shortness of breath with moderate exertion)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Shortness of breath with minimal exertion; limiting instrumental ADL ¹)	<input type="checkbox"/>	<input type="checkbox"/>

Severe (Shortness of breath at rest; limiting self-care ADL ²)	<input type="checkbox"/>	<input type="checkbox"/>
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15) How long would you tolerate having irregular heartbeats?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Causing no symptom)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Controlled by oral medication)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Hospitalization indicated and or/ intravenous medication)	<input type="checkbox"/>	<input type="checkbox"/>

16) How long would you tolerate other cardiac disorder?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Causing no symptom)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Limiting instrumental ADL ¹)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Limiting self-care ADL ²)	<input type="checkbox"/>	<input type="checkbox"/>

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17) How long would you tolerate hypertension?

Mark only one response per row.

	1-7 days	> 7 days
Mild (No medication indicated)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Oral therapy indicated)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Hospitalization and/or urgent intervention indicated)	<input type="checkbox"/>	<input type="checkbox"/>

18) How long would you tolerate hyperglycemia (elevated levels of glucose in the blood)?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Intervention not indicated or ambulatory medical intervention indicated)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Hospitalization indicated)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Life-threatening consequences)	<input type="checkbox"/>	<input type="checkbox"/>

19) How long would you tolerate blurred vision?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Intervention not indicated)	<input type="checkbox"/>	<input type="checkbox"/>

Moderate (Symptomatic; limiting instrumental ADL ¹)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Limiting self-care ADL ²)	<input type="checkbox"/>	<input type="checkbox"/>

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20) How long would you tolerate having blood in the urines?

Mark only one response per row.

	1-7 days	> 7 days
Mild (no symptom; intervention not indicated)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (symptomatic; urinary catheter indicated)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (transfusion, hospitalization or surgical intervention indicated)	<input type="checkbox"/>	<input type="checkbox"/>

21) How long would you tolerate hearing impairment?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Mild hearing impaired)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Moderate hearing impaired, limiting instrumental ADL ¹)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Severe hearing impaired, limiting self-care ADL ²)	<input type="checkbox"/>	<input type="checkbox"/>

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22) How long would you tolerate dry mouth?

Mark only one response per row.

	1-7 days	> 7 days
Mild (Mild symptoms; dry or thick saliva)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Moderate symptoms; oral intake alterations, copious water and/or other lubricants indicated)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Severe symptoms; inability to adequately aliment orally; tube feeding or total parenteral nutrition indicated)	<input type="checkbox"/>	<input type="checkbox"/>

23) How long would you tolerate weakness in hands/fingers (Peripheral motor neuropathy)?

Mark only one response per row.

	1-7 days	> 7 days
Mild (No symptom, weakness in limb or abolition of osteotendinous reflexes made by your clinician)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate (Moderate symptoms; limiting instrumental ADL ¹)	<input type="checkbox"/>	<input type="checkbox"/>
Severe (Severe symptoms; limiting self-care ADL ²)	<input type="checkbox"/>	<input type="checkbox"/>

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