

1 Nausea

1) Have you felt nauseated?	No <input type="checkbox"/>	If no, go to item 2
	Yes <input type="checkbox"/>	If yes, chose one of the definitions below*
G1	<input type="checkbox"/> I felt nauseated, but I was able to eat and drink as usual	
G2	<input type="checkbox"/> I felt nauseated and, because of that, I ate and drank less than usual	
	<input type="checkbox"/> Because of nausea, I was given intravenous fluids, but for less than one day	
G3	<input type="checkbox"/> Because of nausea I was not able to eat and drink for several days: for this reason, I was given prolonged (more than one day) intravenous fluids and/or artificial nutrition	
Day nausea started (consider as day 1 the day when chemotherapy was administered)	_____	Duration in days _____ or persistent; Yes
	No	

*Please, choose which of the definitions below best represents the worst experience related to nausea occurring at any time during the interval between the previous cycle of chemotherapy and today.

2) Vomiting

1) Have you vomited?	No <input type="checkbox"/>	If no, go to item 3
	Yes <input type="checkbox"/>	If yes, chose one of the definitions below*
G1	<input type="checkbox"/> I vomited 1 or 2 times in one day	
G2	<input type="checkbox"/> I vomited 3 to 5 times in one day	
G3	<input type="checkbox"/> I vomited 6 or more times in one day	
	<input type="checkbox"/> Because of vomiting, I was given intravenous fluids and/or artificial nutrition	
G4	<input type="checkbox"/> Because of vomiting, I needed urgent hospitalization and I felt that my life was in danger	
Day of the first episode of vomiting (consider as day 1 the day when chemotherapy was administered)	_____	Duration in days _____ or persistent; Yes
	No	

*Please, choose which of the definitions below best represents the worst experience related to vomiting occurring at any time during the interval between the previous cycle of chemotherapy and today.