

Path For Triples		Michael Blank, Ph.D.
Patient Initials: _____	Patient ID #: _____	Date M: ____ / D: ____ / Yr: _____
Interviewer Initials: _____		Week # ____

Part 6. SIDE EFFECT PROFILE AND SELF-CARE MANAGEMENT

Instructions: ADMINISTER WEEKLY. I am going to read you a list of potential problems that **you may experience when taking your medications**. If you have had the problem **WITHIN THE LAST WEEK**, select the one rating that best describes the extent of the problem: none, mild, moderate, severe. If you do not have the problem, then you would report “none.” After we go over this list, I will ask you how you manage the problems you have checked. NHN: Provide response card for participant and have a calendar available to aid recall.

<u>NONE</u>	<u>MILD</u>	<u>MODERATE</u>	<u>SEVERE</u>	<u>PROBLEM</u>	SELF-CARE ACTIVITIES <i>To be completed by Nurse</i>
0	1	2	3	Day sweats	
0	1	2	3	Night sweats	
0	1	2	3	Fever	
0	1	2	3	Chills	
0	1	2	3	Weakness	
0	1	2	3	Muscle aches	
0	1	2	3	Headaches	
0	1	2	3	Fatigue	
0	1	2	3	Painful joints	
0	1	2	3	Painful feet	
0	1	2	3	Vomiting	
0	1	2	3	Nausea	
0	1	2	3	Lack of appetite	
0	1	2	3	Gas/bloating	
0	1	2	3	Dry mouth	
0	1	2	3	Thirst	
0	1	2	3	Abdominal pain	
0	1	2	3	Loose stools	

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<u>NONE</u>	<u>MILD</u>	<u>MODERATE</u>	<u>SEVERE</u>	<u>PROBLEM</u>	<u>SELF-CARE ACTIVITIES</u> To be completed by Nurse
0	1	2	3	Diarrhea	
0	1	2	3	Constipation	
0	1	2	3	Rash	
0	1	2	3	Oral ulcers	
0	1	2	3	Taste perversion	
0	1	2	3	Anemia	Not a subjective symptom
0	1	2	3	High bilirubin (yellow skin)	This one and the next two are really the same question
0	1	2	3	Yellow eyes	
0	1	2	3	Jaundice	
0	1	2	3	Kidney stones	Not a subjective symptom
0	1	2	3	Low white blood cells (neutropenia)	Not subjective
0	1	2	3	Pancreatitis	Not a subjective symptom
0	1	2	3	Numbness & tingling (peripheral neuropathy)	