

Ped-PRO-CTCAE® [Caregiver] -ENGLISH

Item Library Version 1.0

Please answer the following questions:

1. PRO-CTCAE® Symptom Term: Dry mouth
a. In the past 7 days, how bad was your child's <u>dry mouth</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>dry mouth</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

2. PRO-CTCAE® Symptom Term: Difficulty swallowing
a. In the past 7 days, how bad were your child's <u>problems with swallowing</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad

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3. PRO-CTCAE® Symptom Term: Mouth/throat pain
a. In the past 7 days, how often did your child have <u>pain in their mouth or throat</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was the <u>pain in your child's mouth or throat</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>pain in your child's mouth or throat</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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4. PRO-CTCAE® Symptom Term: Voice quality changes
a. In the past 7 days, did your child have any <u>changes in their voice</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know
b. In the past 7 days, how much did <u>changes in your child's voice</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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5. PRO-CTCAE® Symptom Term: Hoarseness
a. In the past 7 days, how often did your child have a <u>hoarse (scratchy) voice</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your child's <u>hoarse (scratchy) voice</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did a <u>hoarse (scratchy) voice</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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6. PRO-CTCAE® Symptom Term: Sore throat
a. In the past 7 days, how bad was your child's <u>sore throat</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did your child's <u>sore throat</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

7. PRO-CTCAE® Symptom Term: Taste changes
a. In the past 7 days, did <u>food or drink taste different</u> to your child than usual?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know
b. In the past 7 days, how much did <u>food or drink tasting different</u> keep your child from eating their usual food?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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8. PRO-CTCAE® Symptom Term: Decreased appetite
a. In the past 7 days, how often did your child <u>not want to eat their meals</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time

9. PRO-CTCAE® Symptom Term: Nausea
a. In the past 7 days, how often did your child <u>feel sick to their stomach (nausea)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your child's <u>feeling sick to their stomach (nausea)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>feeling sick to their stomach (nausea)</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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10. PRO-CTCAE® Symptom Term: Vomiting	
a.	In the past 7 days, how often did your child <u>throw up</u> ?
<input type="radio"/>	Never
<input type="radio"/>	Sometimes
<input type="radio"/>	Most of the time
<input type="radio"/>	Almost all the time
b.	In the past 7 days, how much did <u>throwing up</u> keep your child from doing things they usually do?
<input type="radio"/>	Not at all
<input type="radio"/>	Some
<input type="radio"/>	A lot
<input type="radio"/>	A whole lot

11. PRO-CTCAE® Symptom Term: Heartburn	
a.	In the past 7 days, how often did your child have a <u>burning feeling in their chest (heart burn)</u> ?
<input type="radio"/>	Never
<input type="radio"/>	Sometimes
<input type="radio"/>	Most of the time
<input type="radio"/>	Almost all the time
b.	In the past 7 days, how bad was the <u>burning feeling in your child's chest (heart burn)</u> ?
<input type="radio"/>	Did not have any
<input type="radio"/>	A little bad
<input type="radio"/>	Bad
<input type="radio"/>	Very bad

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12. PRO-CTCAE® Symptom Term: Gas
a. In the past 7 days, did your child <u>fart more than usual</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know
b. In the past 7 days, how much did <u>farting more than usual</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

13. PRO-CTCAE® Symptom Term: Bloating
a. In the past 7 days, did your child have a <u>bigger belly than usual</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know
b. In the past 7 days, how much did having a <u>bigger belly than usual</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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14. PRO-CTCAE® Symptom Term: Hiccups
a. In the past 7 days, how often did your child have <u>hiccups</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your child's <u>hiccups</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad

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15. PRO-CTCAE® Symptom Term: Constipation
a. In the past 7 days, how often did your child have <u>problems with not being able to poop</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your child's <u>problems with not being able to poop</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>problems with not being able to poop</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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16. PRO-CTCAE® Symptom Term: Diarrhea
a. In the past 7 days, how often did your child have <u>runny or watery poop</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how much did having <u>runny or watery poop</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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17. PRO-CTCAE® Symptom Term: Abdominal pain
a. In the past 7 days, how often did your child have <u>stomach pain</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your child's <u>stomach pain</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>stomach pain</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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18. PRO-CTCAE® Symptom Term: Fecal incontinence
a. In the past 7 days, how often did your child <u>poop themselves on accident</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how much did your child <u>pooping themselves on accident</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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19. PRO-CTCAE® Symptom Term: Shortness of breath
a. In the past 7 days, how often did your child have <u>problems breathing (shortness of breath)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your child's <u>problems breathing (shortness of breath)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did your child's <u>problems breathing (shortness of breath)</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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20. PRO-CTCAE® Symptom Term: Cough
a. In the past 7 days, how often did your child <u>cough</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your child's <u>coughing</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>coughing</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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21. PRO-CTCAE® Symptom Term: Wheezing

a. In the past 7 days, how bad was your child's wheezing (a whistling noise in your child's chest when they breathe)?

Did not have any

A little bad

Bad

Very bad

b. In the past 7 days, how much did wheezing (a whistling noise in your child's chest when they breathe) keep your child from doing things they usually do?

Not at all

Some

A lot

A whole lot

22. PRO-CTCAE® Symptom Term: Sneezing

a. In the past 7 days, how bad was your child's sneezing?

Did not have any

A little bad

Bad

Very bad

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23. PRO-CTCAE® Symptom Term: Swelling

a. In the past 7 days, how bad was the puffiness (swelling) in your child's arms, hands, legs, or feet?

Did not have any

A little bad

Bad

Very bad

b. In the past 7 days, how much did the puffiness (swelling) in your child's arms, hands, legs, or feet keep them from doing things they usually do?

Not at all

Some

A lot

A whole lot

24. PRO-CTCAE® Symptom Term: Heart palpitations

a. In the past 7 days, how often did your child have a racing heart beat?

Never

Sometimes

Most of the time

Almost all the time

b. In the past 7 days, how bad was your child's racing heart beat?

Did not have any

A little bad

Bad

Very bad

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25. PRO-CTCAE® Symptom Term: Skin dryness

a. In the past 7 days, did your child have any dry skin?

No

Yes

I do not know

26. PRO-CTCAE® Symptom Term: Acne

a. In the past 7 days, how bad were your child's pimples (bumps on face or chest)?

Did not have any

A little bad

Bad

Very bad

27. PRO-CTCAE® Symptom Term: Hair loss

a. In the past 7 days, did your child's hair fall out?

No

Yes

I do not know

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28. PRO-CTCAE® Symptom Term: Itching

a. In the past 7 days, how bad was your child's itchy skin?

Did not have any

A little bad

Bad

Very bad

b. In the past 7 days, how much did your child's itchy skin keep them from doing things they usually do?

Not at all

Some

A lot

A whole lot

29. PRO-CTCAE® Symptom Term: Hives

a. In the past 7 days, did your child have itchy red bumps on their skin?

No

Yes

I do not know

30. PRO-CTCAE® Symptom Term: Sensitivity to sunlight

a. In the past 7 days, did your child sunburn more easily?

No

Yes

I do not know

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31. PRO-CTCAE® Symptom Term: Skin ulceration
a. In the past 7 days, did your child have <u>open sores or red spots on their skin</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know

32. PRO-CTCAE® Symptom Term: Numbness & tingling
a. In the past 7 days, how bad was the <u>numbness or tingly feeling in your child's hands or feet</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did the <u>numbness or tingly feeling in your child's hands or feet</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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33. PRO-CTCAE® Symptom Term: Dizziness
a. In the past 7 days, how bad was your child's <u>dizziness</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>dizziness</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

34. PRO-CTCAE® Symptom Term: Blurred vision
a. In the past 7 days, did your child <u>see blurry (have blurry vision)</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know
b. In the past 7 days, how much did <u>seeing blurry (having blurry vision)</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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35. PRO-CTCAE® Symptom Term: Flashing lights
a. In the past 7 days, did your child <u>see any flashes of light that were not there when their eyes were open or closed?</u>
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how much did <u>seeing flashes of light that were not there when their eyes were open or closed</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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36. PRO-CTCAE® Symptom Term: Watery eyes
a. In the past 7 days, how often did your child have <u>watery eyes (tearing)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your child's <u>watery eyes (tearing)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>watery eyes (tearing)</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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37. PRO-CTCAE® Symptom Term: Ringing in ears
a. In the past 7 days, how bad was the <u>ringing or buzzing in your child's ears</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>ringing or buzzing in your child's ears</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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38. PRO-CTCAE® Symptom Term: Dry eyes
a. In the past 7 days, how often did your child have <u>dry eyes</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your child's <u>dry eyes</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>dry eyes</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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39. PRO-CTCAE® Symptom Term: Concentration	
a. In the past 7 days, how bad were your child's <u>problems with paying attention (focusing on TV, reading, or school work)</u> ?	
<input type="radio"/>	Did not have any
<input type="radio"/>	A little bad
<input type="radio"/>	Bad
<input type="radio"/>	Very bad
b. In the past 7 days, how much did <u>problems with paying attention (focusing on TV, reading, or school work)</u> keep your child from doing things they usually do?	
<input type="radio"/>	Not at all
<input type="radio"/>	Some
<input type="radio"/>	A lot
<input type="radio"/>	A whole lot

40. PRO-CTCAE® Symptom Term: Memory	
a. In the past 7 days, how bad were your child's <u>problems remembering things</u> ?	
<input type="radio"/>	Did not have any
<input type="radio"/>	A little bad
<input type="radio"/>	Bad
<input type="radio"/>	Very bad
b. In the past 7 days, how much did <u>forgetting things</u> keep your child from doing things they usually do?	
<input type="radio"/>	Not at all
<input type="radio"/>	Some
<input type="radio"/>	A lot
<input type="radio"/>	A whole lot

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41. PRO-CTCAE® Symptom Term: General pain
a. In the past 7 days, how often did your child have <u>pain</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your child's <u>pain</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>pain</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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42. PRO-CTCAE® Symptom Term: Headache
a. In the past 7 days, how often did your child's <u>head hurt (headache)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your child's <u>head hurting (headache)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did your child's <u>head hurting (headache)</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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43. PRO-CTCAE® Symptom Term: Muscle pain
a. In the past 7 days, how often did your child's <u>muscles hurt</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad did your child's <u>muscles hurt</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did your child's <u>muscles hurting</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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44. PRO-CTCAE® Symptom Term: Joint pain
a. In the past 7 days, how often did your child have <u>pain in any bendable part of their body (knees, ankles, shoulders, or fingers)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was the <u>pain in any bendable part of your child's body (knees, ankles, shoulders, or fingers)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>pain in any bendable part of your child's body (knees, ankles, shoulders, or fingers)</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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45. PRO-CTCAE® Symptom Term: Insomnia
a. In the past 7 days, how often did your child have <u>problems sleeping (trouble falling or staying asleep)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your child's <u>problems sleeping (trouble falling or staying asleep)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>problems sleeping (trouble falling or staying asleep)</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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46. PRO-CTCAE® Symptom Term: Fatigue
a. In the past 7 days, how bad was your child's <u>feeling tired</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>feeling tired</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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47. PRO-CTCAE® Symptom Term: Anxious
a. In the past 7 days, how often was your child <u>worried or nervous</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your child's <u>worried or nervous feelings</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did being <u>worried or nervous</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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48. PRO-CTCAE® Symptom Term: Sad

a. In the past 7 days, how bad were your child's sad or unhappy feelings?

Did not have any

A little bad

Bad

Very bad

b. In the past 7 days, how much did sad or unhappy feelings keep your child from doing things they usually do?

Not at all

Some

A lot

A whole lot

49. PRO-CTCAE® Symptom Term: Suicidal ideation

a. In the past 7 days, did your child think about hurting themselves?

No

Yes

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50. PRO-CTCAE® Symptom Term: Painful urination
a. In the past 7 days, how bad was your child's <u>pain or burning when they peed</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>pain or burning when peeing</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

51. PRO-CTCAE® Symptom Term: Urinary urgency
a. In the past 7 days, how often did your child <u>feel like they could not wait to pee</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how much did your child <u>feeling like they could not wait to pee</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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52. PRO-CTCAE® Symptom Term: Urinary frequency

a. In the past 7 days, how often did your child have to pee more than usual?

Never

Sometimes

Most of the time

Almost all the time

b. In the past 7 days, how much did peeing more than usual keep your child from doing things they usually do?

Not at all

Some

A lot

A whole lot

53. PRO-CTCAE® Symptom Term: Change in usual urine color

a. In the past 7 days, did your child have any change in the color of their pee?

No

Yes

I do not know

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54. PRO-CTCAE® Symptom Term: Urinary incontinence

a. In the past 7 days, how often did your child pee themselves on accident?

- Never
- Sometimes
- Most of the time
- Almost all the time

b. In the past 7 days, how much did your child peeing themselves on accident keep them from doing things they usually do?

- Not at all
- Some
- A lot
- A whole lot

55. PRO-CTCAE® Symptom Term: Bruising

a. In the past 7 days, did your child bruise easily (get black and blue marks on their skin)?

- No
- Yes
- I do not know

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56. PRO-CTCAE® Symptom Term: Chills
a. In the past 7 days, how often did your child have <u>shaking chills</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your child's <u>shaking chills</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad

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57. PRO-CTCAE® Symptom Term: Increased sweating
a. In the past 7 days, how often did your child <u>sweat more than usual or sweat for no reason</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your child's <u>sweating more than usual or sweating for no reason</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>sweating more than usual or sweating for no reason</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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58. PRO-CTCAE® Symptom Term: Hot flashes
a. In the past 7 days, how often did your child <u>feel hot all of a sudden (hot flashes)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your child's <u>feeling hot all of a sudden (hot flashes)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>feeling hot all of a sudden (hot flashes)</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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59. PRO-CTCAE® Symptom Term: Nosebleed
a. In the past 7 days, how often did your child have <u>nose bleeds</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your child's <u>nose bleeds</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>nose bleeds</u> keep your child from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

60. PRO-CTCAE® Symptom Term: Falls
a. In the past 7 days, how often did your child <u>fall down</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time

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61. PRO-CTCAE® Symptom Term: Muscle weakness
a. In the past 7 days, how often did your child's <u>arms and legs feel weak</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was the <u>weakness in your child's arms and legs</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did your child's <u>arms and legs feeling weak</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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62. PRO-CTCAE® Symptom Term: Restlessness
a. In the past 7 days, how hard was it for your child to <u>sit still</u> ?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot
b. In the past 7 days, how much did your child <u>not being able to sit still</u> keep them from doing things they usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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