

ECOG  
&  
TOXICITY ASSESSMENT

ADDRESSOGRAPH

Date (YY/MM/DD):		Additional Comments		Additional Comments
Time:		E.g. duration of symptom, physician notified etc.		E.g. duration of symptom, physician notified etc.
<b>Modality:</b> Chemotherapy Radiotherapy	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
Clinical Trial	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
ECOG Performance Status (Definitions on back of form)	0 1 2 3 4		0 1 2 3 4	
Constitutional Symptoms:				
<b>Fatigue</b>	0 1 2 3 4		0 1 2 3 4	
<b>Fever</b>	0 1 2 3 4 Neutropenic <input type="checkbox"/> Non Neutropenic <input type="checkbox"/>		0 1 2 3 4 Neutropenic <input type="checkbox"/> Non Neutropenic <input type="checkbox"/>	
<b>Alopecia</b>	0 1 2 -- --			
<b>Insomnia</b>	0 1 2 3 --		0 1 2 3 --	
Pain:				
<b>Pain</b>	0 1 2 3 4 --		0 1 2 3 4 --	
<b>Location of pain</b>				
Gastrointestinal:				
<b>Nausea</b>	0 1 2 3 --		0 1 2 3 --	
<b>Vomiting</b>	0 1 2 3 4		0 1 2 3 4	
<b>Anorexia</b>	0 1 2 3 4		0 1 2 3 4	
<b>Constipation</b>	0 1 2 3 4		0 1 2 3 4	
<b>Diarrhea</b>	0 1 2 3 4		0 1 2 3 4	
<b>Proctitis</b>	0 1 2 3 4		0 1 2 3 4	
<b>Heartburn (Dyspepsia)</b>	0 1 2 3 4		0 1 2 3 4	
<b>Bowel Cramping</b>	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Dysphagia/Esophagitis</b>	0 1 2 3 4		0 1 2 3 4	
<b>Mucositis/Stomatitis</b>	0 1 2 3 4		0 1 2 3 4	
Dermatology/Skin:				
<b>Itch</b>	0 1 2 3 --		0 1 2 3 --	
<b>Nail Changes</b>	0 1 2 3 --		0 1 2 3 --	
<b>Rash (hand-foot skin reaction)</b>	0 1 2 3 --		0 1 2 3 --	
<b>Radiation Skin Reaction</b>	0 1 2 3 4		0 1 2 3 4	
Pulmonary:				
<b>Dyspnea (SOB)</b>	0 1 2 3 4		0 1 2 3 4	
<b>Hiccoughs</b>	0 1 2 3 4		0 1 2 3 4	
Gyne/G.U.:				
<b>Cystitis</b>	0 1 2 3 4		0 1 2 3 4	
<b>Frequency</b>	0 1 2 3 4		0 1 2 3 4	
<b>Premature Menopause</b>	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Neuropathies:				
<b>Motor</b>	0 1 2 3 4		0 1 2 3 4	
<b>Sensory</b>	0 1 2 3 4		0 1 2 3 4	
Other:				
<b>Cold Intolerance</b>	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
See Progress Notes:	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Signature/Designation:				
Print Name/Designation:				

ECOG Performance Status definitions:

- 0 – Fully active, able to carry out all re-disease performance without restriction.
- 1 – Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature e.g. light housework, office work.
- 2 - Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
- 3 - Capable of only limited self-care; confined to bed or chair more than 50% of waking hours.
- 4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.

NCI Definitions (Version 3.0)

SYMPTOM	GRADE 0	GRADE 1	GRADE 2	GRADE 3	GRADE 4
Fatigue	None	Mild fatigue over baseline	Moderate or causing difficulty performing some ADL	Severe fatigue interfering with ADL	Disabling
Fever (in the absence of neutropenia)	None	38.0 – 39.0 C	>39.0 – 40.0 C	>40.0C for <24 hrs	>40.0 C for > 24 hrs
Alopecia	Normal	Thinning or Patchy	Complete		
Insomnia	Normal	Occasional difficulty sleeping not interfering with function.	Difficulty sleeping interfering with function but not interfering with ADL	Frequent difficulty sleeping interfering with ADL	Disabling
Pain	None	Mild pain not interfering with function	Moderate pain; pain or analgesics interfering with function, but not ADL	Severe pain; pain or analgesics severely interfering with ADL	Disabling.
Nausea	None	Loss of appetite without alteration in eating habits	Oral intake significantly decreased without significant weight loss	Inadequate oral caloric & fluid intake; IV fluids, tube feeds or Total Parental Nutrition indicated > 24 hrs	Life threatening consequences
Vomiting	None	1 episode in 24 hours	2-5 episodes in 24 hours, IV fluids indicate < 24 hours	> 6 episodes in 24 hours; IV fluids or TPN indicate > 24 hours	Life threatening consequences
Anorexia	None	Loss of appetite without alterations in eating habits	Oral intake altered. Without significant weight loss or malnutrition; oral nutritional supplements indicated	Associated with significant weight loss	Life threatening consequences
Constipation	None	Occasional or intermittent symptoms	Persistent symptoms with use of laxatives	Symptoms interfering with ADC	Life threatening consequences e.g. obstruction
Diarrhea	None	Increase of < 4 stools/day; mild increase ostomy output	Increase of 4-6 stools/day IV fluids < 24 hr	Increase of > 7 stools/day	Life threatening consequences
Proctitis	None	Rectal discomfort, intervention not indicated	Symptoms not interfering with ADL; medical intervention required	Stool incontinence interfering with ADL	Life threatening consequences e.g. perforation
Heartburn/dyspepsia	None	Mild	Moderate	Severe	-----
Dysphagia/ Esophagitis	None	Symptomatic, able to eat regular diet	Symptomatic and altered eating/swallowing IV fluids > 24 hr	Symptomatic and altered severity eating/swallowing e.g. IV fluids > 24hr	Life threatening consequences e.g. obstruction, perforation
Mucositis/ Stomatitis	None	Erythema of the mucosa	Patchy ulcerations or pseudomembranes	Confluent ulcerations or pseudomembranes; bleeding with minor trauma	Tissue necrosis; significant spontaneous bleeding; life threatening consequences
Itch	None	Mild or localized	Intense or widespread	Intense or widespread and interfering with ADL	-----
<b>Nail Changes</b>	<b>None</b>	<b>Discoloration; Ridging; Pitting</b>	<b>Partial or complete loss of nail(s); Pain in nail bed(s)</b>	<b>Interfering with ADL</b>	-----
Rash: hand foot skin reaction	None	Minimal skin changes e.g. erythema without pain	Skin changes e.g. peeling, blisters, bleeding, edema or pain, not interfering with function	Ulcerated dermatitis or skin changes interfering with function	-----
Radiation Skin Reaction	None	Faint erythema or dry desquamation	Moderate to brisk erythema; patchy moist desquamation, mostly confined to skin folds and creases; moderate edema	Moist desquamation other than skin folds and creases, bleeding induced by minor abrasions	Skin necrosis or ulceration of full thickness dermis; spontaneous bleeding from involved site
Dyspnea (SOB)	Normal	On exertion, able to walk up 1 flight of stairs without stopping	Dyspnea on exertion but unable to walk up 1 flight of stairs	Dyspnea with ADL	Dyspnea at rest or requiring ventilator support
Hiccoughs	None	Symptomatic not requiring intervention	Symptomatic requires intervention	Interfering with sleep or ADL	-----
Cystitis	None	Asymptomatic	Frequent dysuria	IV pain medications	Catastrophic bleeding
Frequency	Normal	Increase in frequency or nocturia up to 2 x normal	Increase >2 x normal but <hourly	Hourly or more with urgency or requiring catheter	-----
Neuropathy - motor	Normal	Asymptomatic, weakness on exam only	Symptomatic weakness interfering with function but not interfering with ADL	Weakness interfering with ADL	Life threatening; disabling e.g. paralysis
Neuropathy - sensory	Normal	Asymptomatic but not interfering with function.	Sensory alteration or paresthesia (including tingling), interfering with function, but not interfering with ADL	Sensory alteration interfering with ADL	Disabling

