Symptom Diary

(NLCTG1401)

Patients treated with Giotrif often suffer from diarrhea, stomatitis, skin rash and paronychia. Please describe your daily symptoms.

Please complete this questionairre everyday. (No need to fill in the first day of treatment.)

If you have any questions about this questionnaire, please contact your doctor.

When you have completed this form, please put it in a sealed envelope and give it to your doctor.

identification number :

Day OO of Giotrif Date :	(ID :)	
①How many stools ha	ave you had in the 24 h	ours since yesterday m	norning?
no change in frequency compared to before Giotorif administration	Increase of < 4 stools per day compared to before Giotorif administration	Increase of 4-6 stools per day compared to before Giotorif	Increase of over 7 stools per day compared to before Giotorif
2How many Loperam	id capsules did you tak	e in the 24 hours since	e yesterday morning?
	sules (Fill out the form	, including the amount yo	u take on a regular basis (2 capsules in the morning).)
3Please tell me about	your oral conditions		
□ ^{none}	Slightly pain: intervention not required	Modarate pain; that does not interfering with oral intake	Severe pain; interfering with oral intake
4Please tell me about	your nail conditions.		
No change from pre-treatment.	Nail fold edema or erythema	Nail fold edema or erythema with pain: Limiting instrumental ADL	Nail fold edema or erythema with severe pain: Limiting selfcare ADL
5Please tell me about	your skin conditions.		
No change from pre-treatment.	Some redness and acne-like changes with slight symptoms such as pruitus.	Symptomatic skin changes such as papules and/or pustules: Limiting instrumental ADL	Symptomatic skin changes such as papules and/or pustules: Limiting selfcare ADL
Day OO of Giotrif	(ID :)	
Date ;			
①How many stools have you had in the 24 hours since yesterday morning?			
no change in frequency compared to before Giotorif administration	Increase of < 4 stools per day compared to before Giotorif administration	Increase of 4-6 stools per day compared to before Giotorif administration	Increase of over 7 stools per day compared to before Giotorif
2How many Loperam	id capsules did you tak	e in the 24 hours since	e yesterday morning?
	sules (Fill out the form	, including the amount yo	u take on a regular basis (2 capsules in the morning).)
3Please tell me about	your mouth conditions		
none	Slightly pain; intervention not required	Modarate pain: that does not interfering with oral intake	Severe pain; interfering with oral intake
4 Please tell me about	your nail conditions.		
No change from pre-treatment.	Nail fold edema or erythema	Nail fold edema or erythema with pain: Limiting instrumental ADL	Nail fold edema or erythema with severe pain: Limiting selfcare
5Please tell me about	your skin conditions.		
No change from			