Instructions for Obtaining PRO-CTCAE

Access the Instruments & Form Builders on the National Cancer Institute's Website

https://healthcaredelivery.cancer.gov/pro-ctcae/instrument.html

NATIONAL CANCER INSTITUTE
Division of Cancer Control & Population Sciences

Healthcare Delivery Research Program

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Instruments & Form Builders

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PRO-CTCAE®

- Overview
- The PRO-CTCAE Measurement System +
- Instruments & Form Builders −

Are you interested to access and download PRO-CTCAE content for…

- …individuals older than age 17?
- …children ages 7-17?

Select link for individuals older than age 17

PRO-CTCAE Instrument & Form Builder

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PRO-CTCAE®

- Overview
- The PRO-CTCAE Measurement System +
- Instruments & Form Builders −
  - PRO-CTCAE
  - Ped-PRO-CTCAE Module
- Terms of Use
- Development Teams +
- PRO-CTCAE Measurement

PRO-CTCAE™ Measurement System

Use of PRO-CTCAE is subject to NCI's Terms of Use. Preview the PRO-CTCAE Item Library using the quick guide (PDF, 216 KB), download the full instrument using one of the links below, or use our Form Builder to produce a customized PRO-CTCAE form in any available language for your study.

Form Builder is quick, easy to use, and eliminates the potential for cutting and pasting errors.

Form Builder

Use Form Builder to generate a custom built form for your study.

Quick Guide

Preview the PRO-CTCAE Item Library using the quick guide. (PDF, 216 KB)

Full PRO-CTCAE Libraries

Select the Form Builder and agree to terms of use. If you have not done so previously, you may need to answer a user questionnaire.

Request the three symptoms that the measures are targeting (nausea, constipation and pain). If desired, you can select more questions to include on your questionnaire, but make sure that the measure related questions are included:

PRO-CTCAE items requested

Oral

- [ ] Dry mouth
- [ ] Difficulty swallowing
- [ ] Mouth/throat sores
- [ ] Cracking at the corners of the mouth (cheilosis/cheilitis)
- [ ] Voice quality changes
- [ ] Hoarseness

Gastrointestinal

- [ ] Taste changes
- [ ] Decreased appetite
- [x] Nausea
- [ ] Vomiting
- [ ] Heartburn
- [ ] Gas
- [ ] Bloating
- [ ] Hiccups
- [x] Constipation
- [ ] Diarrhea
- [ ] Abdominal pain
- [ ] Fecal incontinence

Respiratory

- [ ] Shortness of breath
- [ ] Cough
- [ ] Wheezing

Cardio/Circulatory

- [ ] Swelling
- [ ] Heart palpitations

Cutaneous

- [ ] Rash
- [ ] Skin dryness
- [ ] Acne
- [ ] Hair loss
- [ ] Itching
- [ ] Hives
- [ ] Hand-foot syndrome
- [ ] Nail loss
- [ ] Nail ridging
- [ ] Nail discoloration
- [ ] Sensitivity to sunlight
- [ ] Bed/pressure sores
- [ ] Radiation skin reaction
- [ ] Skin darkening
- [ ] Stretch marks

Neurological

- [ ] Numbness & tingling
- [ ] Dizziness

Visual/Perceptual

- [ ] Blurred vision
- [ ] Flashing lights
- [ ] Visual floaters
- [ ] Watery eyes
- [ ] Ringing in ears

Attention/Memory

- [ ] Concentration
- [ ] Memory

Pain

- [x] General pain
- [ ] Headache
- [ ] Muscle pain
- [ ] Joint pain

Sleep/Wake

- [ ] Insomnia
- [ ] Fatigue

Mood

- [ ] Anxious
- [ ] Discouraged
- [ ] Sad

Gynecologic/Urinary

- [ ] Irregular periods/vaginal bleeding
- [ ] Missed expected menstrual period
- [ ] Vaginal discharge
- [ ] Vaginal dryness
- [ ] Painful urination
- [ ] Urinary urgency
- [ ] Urinary frequency
- [ ] Change in usual urine color
- [ ] Urinary incontinence

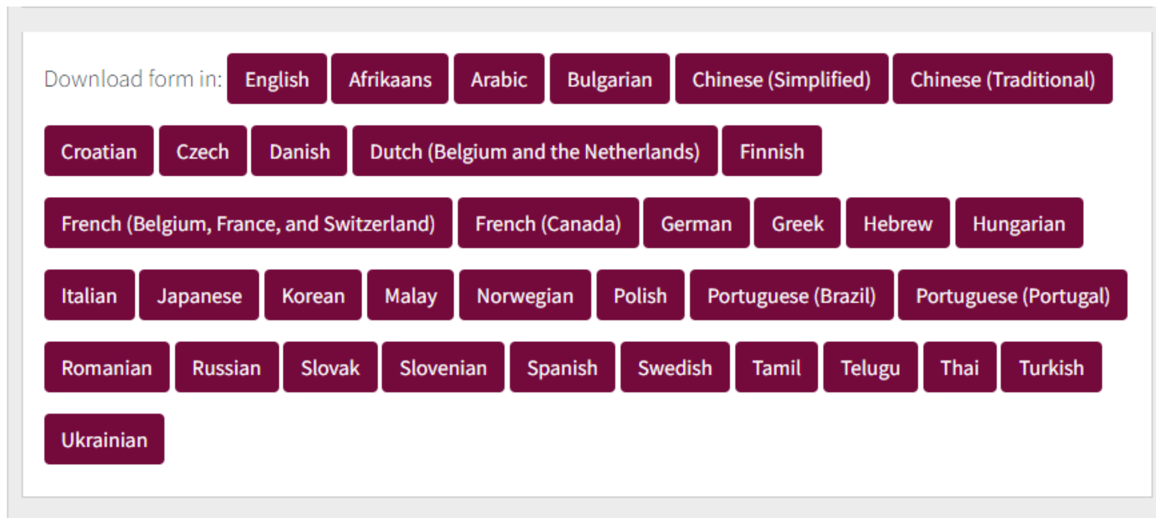
Sexual

- [ ] Achieve and maintain erection
- [ ] Ejaculation
- [ ] Decreased libido
- [ ] Delayed orgasm
- [ ] Unable to have orgasm
- [ ] Pain w/sexual intercourse

Miscellaneous

- [ ] Breast swelling and tenderness
- [ ] Bruising
- [ ] Chills
- [ ] Increased sweating
- [ ] Decreased sweating
- [ ] Hot flashes
- [ ] Nosebleed
- [ ] Pain and swelling at injection site
- [ ] Body odor

Additionally, you can now select the tool in many different languages:



After you select a language, a downloaded word document will be provided to you; example follows:

NCI PRO-CTCAE ® ITEMS

Item Library Version 1.0
English
Form Created on 24 March 2022

As individuals go through treatment for their cancer they sometimes experience different symptoms and side effects. For each question, please select the one response that best describes your experiences over the past 7 days…

1a. In the last 7 days, how OFTEN did you have NAUSEA?				
O Never	O Rarely	O Occasionally	O Frequently	O Almost constantly
1b. In the last 7 days, what was the SEVERITY of your NAUSEA at its WORST?				
O None	O Mild	O Moderate	O Severe	O Very severe

2a. In the last 7 days, what was the SEVERITY of your CONSTIPATION at its WORST?				
O None	O Mild	O Moderate	O Severe	O Very severe

3a. In the last 7 days, how OFTEN did you have PAIN?				
O Never	O Rarely	O Occasionally	O Frequently	O Almost constantly
3b. In the last 7 days, what was the SEVERITY of your PAIN at its WORST?				
O None	O Mild	O Moderate	O Severe	O Very severe
3c. In the last 7 days, how much did PAIN INTERFERE with your usual or daily activities?				
O Not at all	O A little bit	O Somewhat	O Quite a bit	O Very much

OTHER SYMPTOMS	
Do you have any other symptoms that you wish to report?	
O Yes	O No
Please list any other symptoms:	
1.	In the last 7 days, what was the SEVERITY of this symptom at its WORST? O None O Mild O Moderate O Severe O Very Severe
2.	In the last 7 days, what was the SEVERITY of this symptom at its WORST? O None O Mild O Moderate O Severe O Very Severe
3.	In the last 7 days, what was the SEVERITY of this symptom at its WORST? O None O Mild O Moderate O Severe O Very Severe
4.	In the last 7 days, what was the SEVERITY of this symptom at its WORST? O None O Mild O Moderate O Severe O Very Severe
5.	In the last 7 days, what was the SEVERITY of this symptom at its WORST? O None O Mild O Moderate O Severe O Very Severe