	**DID YOU HAVE MOUTH PROBLEMS?** (Dry mouth, difficulty swallowing, cracking at the corners of the mouth (cheilosis/cheilitis), taste changes, inflammation, etc…) If YES, which one…… …….	NONE X	MILD ☐	MODERATE ☐	SEVERE ☐	VERY SEVERE ☐
	**DID YOU HAVE GASTROINTESTINAL PROBLEMS?** (Nausea, vomiting, diarrhea, constipation, decreased appetite) If YES, which one…… ……	NONE X	MILD ☐	MODERATE ☐	SEVERE ☐	VERY SEVERE ☐
	**HAVE YOU HAD RESPIRATORY DIFFICULTIES?** (Cough, shortness of breath, wheezing, others) If YES,	NONE X	MILD ☐	MODERATE ☐	SEVERE ☐	VERY SEVERE ☐

	which one…… ……					
	**DID YOU HAVE TEMPERATURE?** If YES, what was the maximum temperature TC……	NONE ☒	MILD ☐	MODERATE ☐	SEVERE ☐	VERY SEVERE ☐
	**DID YOU HAVE SOME SKIN VARIATION?** (Rash, colour variation, skin dryness, others) If YES, which one…… ……	NONE ☒	MILD ☐	MODERATE ☐	SEVERE ☐	VERY SEVERE ☐
	**DID YOU HAVE SOME NAIL CHANGE?** (Nail loss, Nail ridging , Nail discoloration, others) If YES, which one	NONE ☒	MILD ☐	MODERATE ☐	SEVERE ☐	VERY SEVERE ☐

	…… ……					

	**SPECIFIC for RADIOTHERAPY** **DID YOU HAVE ANY REDNESS OR BURNING ON YOUR SKIN?** If YES, where …… ……	NONE ☐	MILD ☐	MODERATE ☐	SEVERE ☐	VERY SEVERE ☐
	**SPECIFIC for RADIOTHERAPY** **DID YOU HAVE SOME HEAD AND NECK PROBLEM?** (Difficulty swallowing , mouth/throat sores, mouth inflammation, dry mouth, other…) If YES, which one ……	NONE ☐	MILD ☐	MODERATE ☐	SEVERE ☐	VERY SEVERE ☐

	……					
	**DID YOU HAVE HITC?** If YES, where…… …….	NONE ☒	MILD ☐	MODERATE ☐	SEVERE ☐	VERY SEVERE ☐
	**DID YOU HAVE SOME HAND OR FOOT PROBLEM?** (Edema, dryness of skin, alteration of sensibility, other) If YES, which one …… ……	NONE ☒	MILD ☐	MODERATE ☐	SEVERE ☐	VERY SEVERE ☐
	**DID YOU HAVE FATIGUE/TIREDNESS?** (Fatigue, lack of energy, weakness)	NONE ☒	MILD ☐	MODERATE ☐	SEVERE ☐	VERY SEVERE ☐

	**DID YOU HAVE PAIN?**	NONE	MILD	MODERATE	SEVERE	VERY SEVERE
		X	☐	☐	☐	☐

(FROM 0 TO 10, PUT A CROSS ON THE LINE AT THE POINT THAT MATCH YOUR LEVEL OF PAIN)

0 1 2 3 4 5 6 7 8 9 10

IF YES,

WHERE……

…….