

To our patients,

The Medicare program is collecting data to better understand cancer patients' symptoms during chemotherapy. Our practice is participating in this data collection effort.

Using the form below, please record your experiences of pain, fatigue and nausea. Your answers to these questions will help us care for your symptoms during your treatment.

Thank you,

(Practice)

Patient Name: _____

Date: ___ / ___ / ___

Patient Symptom Assessment

Please indicate the extent to which you have been bothered by each symptom, by circling the most appropriate answer.

During the past week, have you been bothered by:

Nausea and/or vomiting?

Not at all A little Quite a bit Very Much

Pain?

Not at all A little Quite a bit Very Much

Lack of energy (fatigue)?

Not at all A little Quite a bit Very Much

(Provider Signature)