## SELF-ASSESSMENT of side effects

associated with your chronic myeloid leukemia (CML) medication

This document is meant as a useful discussion guide for you and your physician regarding any undesirable side effects that may be caused by the treatment approach or even the disease itself.

Discussing side effects is important for the follow-up of your condition and progress. If you provide accurate and specific information to your healthcare providers, you will help them to make the best medical decisions for you.

This self-assessment tool was prepared to help you navigate through some of the specific side effects you may be experiencing.

Take the time, before your doctor's appointment, to evaluate the severity or frequency of your side effects based on the grading scale provided here. As a general guide, here is a description of each grade severity.

Grade 1 Mild side effect

Grade 2 Moderate side effect

Grade 3\* Severe side effect

Grade 4\* Life-threatening or disabling side effect

However, not all grades are appropriate for all

side effects. Therefore, some of them are listed with fewer than four grades.

Whenever possible, evaluate your symptoms before starting or switching to your current treatment.

\* Only a minority of patients will experience grade 3 or grade 4 side effects during treatment. However, if you experience one, we recommend that you contact your healthcare professional for medical advice.



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Disabling	Severe swelling interfering with daily activities	Moderate swelling readily visible; producing skin folds	Mild swelling visible on close inspection	Swelling, puffiness that are localized to any area of the body, such as : <i>fingers</i> , <i>hands</i> , <i>wrists</i> , <i>ankles</i> , <i>eyes etc</i> .		Edema
Not applicable	Frequent, 1 episode every second day with at least 1 fainting spell	Infrequent, 3 to 5 episodes per week	Very infrequent, 1 episode per week	More rapid, intense or throbbing heartbeat		Palpitations
Very frequent, more than 6 episodes per week	Frequent, 4 to 6 episodes per week	Infrequent, 2 to 3 episodes per week	Very infrequent, 1 episode per week	Painful muscular contraction		Muscle cramps
Not applicable	Shortness of breath during daily activities	Shortness of breath during an effort, but unable to walk 1 flight of stairs or 1 city block (0.1 km) without stopping	Shortness of breath during an effort, but able to walk 1 flight of stairs without stopping	Medical term: dyspnea		Shortness of breath
Not applicable	Significantly interfering with sleep or M daily activities	More frequently than grade 1 symptoms	Occasionally, but more than before current treatment	Asymptomatic cough: Cough that is not related to a cold or flu. Unproductive cough which does not seem to have a medical cause.		Cough
Disabiling	Severe pain or undesirable analgesic side effects severely interfering with daily activities or pain severely interfering with daily activities	Moderate pain or pain interfering with movement but not with daily activities or undesirable analgesic side effects but not interfering with daily activities	Mild pain not interfering with movement			Pain Abdominal pain Muscle pain
Life-threatening	Increase of 7 stools or more per day compared to before current treatment; interfering with daily activities	Increase of 4 to 6 stools per day compared to before current treatment; not interfering with daily activities	Increase of 1 to 3 stools per day compared to before current treatment	Abnormal frequency and liquidity of stools		Diarrhoea
Life-threatening or disabling	Severe-Rash all over the body or painful inflammation in the mouth; pain interfering with eating	Localized, eruptions are not present all over the body	Not applicable	Purple-gray centers ("target" lesions) and blisters. They can be present on many parts of the body (ex. arms, legs, face, palms, soles, mouth eyes etc.) The red patches are distributed equally on both sides of the body.		Rash
Disabling	Severe fatigue interfering with daily activities	Moderate fatigue or causing difficulty performing some daily activities	Mild fatigue, greater than before current treatment	Feelings of weakness, lethargy, malaise		Fatigue
4	ß	N	د_	Additional information		SIDE EFFECT
Date	effect. corresponding	The section below allows you to grade each side date and indicate with a checkmark the grade o to each side effect you have experienced.	The secti Fill the date anc to	Check squares below if side effects are not present	heck squares b if side effects a not present	