Name/Patient number: Date:

Treatment regimen:

Cycle:

Baseline testing yes/no* (*please circle as applicable)

Assessment grade: with/without* pain (*please circle as applicable)

Name of physician/nurse:

Signature:

Indication for CTC Grading of Peripheral Neuropathy

No changes observed since the previous test. ☐

Are you experiencing changes in sensation compared with the situation at the onset of the disease and/or treatment?

	YES	If so, where? In the toes	In the feet	In the lower legs	In the fingers	In the hands	In the forearms
• When touched	☐	☐	☐	☐	☐	☐	☐
• Numbness	☐	☐	☐	☐	☐	☐	☐
• Tingling	☐	☐	☐	☐	☐	☐	☐
• Changes in temperature sensation	☐	☐	☐	☐	☐	☐	☐
• Are you experiencing any pain (burning, stabbing, stinging or cramping)?	☐	☐	☐	☐	☐	☐	☐
• The pain is continuous	☐						
• The pain is intermittent	☐						

Are you experiencing changes in the following functions compared with the situation at the onset of the disease and/or treatment?

	YES		YES
• Frequent urination	☐	• Constipation	☐
• Difficulty holding urine or fully emptying bladder	☐	• Diarrhoea	☐
• Sexual activity:	☐	• Dizziness when standing up	☐
- Problems achieving an erection	☐	• Palpitations	☐
- Reduced lubrication during arousal	☐	• Increased sweating	☐
		• Reduced sweating	☐

Are you experiencing a loss of muscle strength? ☐ **YES** **If so, where?** ☐ In the arms ☐ In the legs

Are you experiencing any problems carrying out the activities below compared with the situation at the onset of the disease and/or treatment?

Self-care activities:

☐ Dressing/undressing without assistance

☐ Washing unaided, washing and combing hair unaided

☐ Holding cutlery and eating unaided

☐ Walking independently

☐ Opening/closing doors unaided

☐ Driving a car unaided

Instrumental activities:

☐ Using a computer keyboard/telephone

☐ Buttoning/unbuttoning

☐ Tying shoelaces

☐ Writing

☐ Preparing meals

	YES
Are you using any walking aids? (e.g. crutches, rollator, etc.)	☐
Is pain affecting your daily activities?	☐

• If the patient experiences change in sensation	→ Grade 1 or higher
• If the patient also experiences pain	→ Grade X with pain
• If the patient experiences changes in muscle strength	→ Grade 2 or higher
• If the patient experiences limitations in instrumental activities of daily living (IADL) due to neuropathic symptoms or pain	→ Grade 2 or higher
• If the patient experiences limitations in activities of daily living (ADL) due to neuropathic symptoms or pain	→ Grade 3 or higher
• If the patient experiences autonomic function changes	→ Grade 2 or higher
• In the event of disabling neuropathy	→ Grade 4

ADL= activities of daily living

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