DERETT-P v.1.0
DErmatological REaction Targeted Therapy – Patients Symptom Experience Diary

**Directions:** Please check one number for each item that best describes you (each of the skin questions relates to your skin changes since initiation of targeted therapy).

### A “Rash” Appearance (what you see)

1. Did you experience any “rash” this week?
   - [ ] No
   - [ ] Yes. If yes, date began: m m / d d / y y y y

**Over the past week, did you experience:**

2. Papules/pustules (number of papules/pustules)
   - [ ] ≤ 10
   - [ ] > 10 and ≤ 50
   - [ ] > 50
   - a. in the face
   - b. on the upper body

3. Redness
   - [ ] None
   - [ ] Mild
   - [ ] Moderate
   - [ ] Severe

4. Swelling
   - [ ] None
   - [ ] Mild
   - [ ] Moderate
   - [ ] Severe

5. Desquamation/peeling of the skin
   - [ ] None
   - [ ] Mild
   - [ ] Moderate
   - [ ] Severe

6. Crusts
   - [ ] None
   - [ ] Mild
   - [ ] Moderate
   - [ ] Severe

7. Other:
   - [ ] None
   - [ ] Mild
   - [ ] Moderate
   - [ ] Severe

   Please specify:

8. Which side effect was most troublesome to you? Why?
   - please specify:

### B “Rash” Discomfort (what you feel)

**Over the past week, how would you rate your skin prior to application the study cream (i.e. in the morning)?**

   - [ ] No discomfort
   - [ ] High discomfort

9. Dryness
   - [ ] None
   - [ ] Mild
   - [ ] Moderate
   - [ ] Severe

10. Pruritus/Itching
    - [ ] None
    - [ ] Mild
    - [ ] Moderate
    - [ ] Severe

11. Burning
    - [ ] None
    - [ ] Mild
    - [ ] Moderate
    - [ ] Severe

12. Pain
    - [ ] None
    - [ ] Mild
    - [ ] Moderate
    - [ ] Severe

13. Other:
    - [ ] None
    - [ ] Mild
    - [ ] Moderate
    - [ ] Severe

   Please specify:

14. Which side effect was most troublesome to you? Why?
   - please specify:

### C Most troublesome side effect

15. If you look at question 8 and 14: which side effect was most troublesome to you? Why?
   - please specify:
### D  Topical product

16. How often did you apply a topical product
   - 1 x day
   - 2 x day
   - 3 x day
   - 4 x day

17. Was the moisturizer discontinued this week?
   - No
   - Yes
   - If yes, please specify: _______________________________

**Complete this section only if a dermatological reaction has appeared:**

18. After applying the topical product, how would you rate it for reducing:
   - the number of macules
   - the number of papules
   - the number of pustules
   - the redness of the skin?
   - the swelling of the skin?
   - the desquamation/peeling of the skin?
   - the dryness of the skin?
   - the itching of the skin?
   - the burning of the skin?
   - the pain of the skin?

19. How would you rate the cream:
   - for skin healing properties?
   - as to its moisturizing effect?
   - in its ability to soothe the irritated skin?

**E  Topical product (cream)**

19. After applying the cream, how would you rate the cream:
   - for skin healing properties?
   - as to its moisturizing effect?
   - in its ability to soothe the irritated skin?

**F  Additional skin care treatment**

19. Beside the cream (check all that apply and please specify)
   - Sun screen: _______________________________
   - Makeup: _______________________________
   - Anti inflammatories:
   - Antibiotics: _______________________________
   - Other: _______________________________
<table>
<thead>
<tr>
<th>G Other dermatological side effects</th>
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<tbody>
<tr>
<td>22. Did the targeted anticancer therapy cause other dermatological side effects?</td>
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<tr>
<td>23. If yes, what kind of side effect did develop?</td>
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<tr>
<td>Eyelid irritation</td>
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<tr>
<td>Eye irritation</td>
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<tr>
<td>Oily eyelid secretions</td>
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<td>Eye dryness sensation</td>
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<tr>
<td>Burning eye sensation</td>
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<td>Eyelash growth</td>
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<tr>
<td>Vision fluctuation</td>
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<td>Hair loss</td>
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<td>Hair colour change</td>
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<tr>
<td>Skin colour change</td>
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<tr>
<td>Crusty skin</td>
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<td>Hand foot skin reaction</td>
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<tr>
<td>Mouth (oral mucositis)</td>
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<td>Hyposalivation</td>
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<tr>
<td>Taste changes</td>
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<tr>
<td>Nail changes</td>
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<td>Other: _____________</td>
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