

MASCC Antiemesis Tool (MAT): Acute

Information and instructions:

Definitions:

Vomiting: The bringing up of stomach contents.

Nausea: The feeling that you might vomit.

Please place a firm cross e.g. in a single box per row. For question 2 and for the completion of dates please use leading zeros if necessary e.g. 01/03/2008.

Nausea and Vomiting during the first 24 hours after chemotherapy (Please fill this section out the day after chemotherapy)

This section refers to the **first 24 hours** following chemotherapy:

1) in the 24 hours since chemotherapy, did you have any vomiting? No Yes

2) If you vomited in the 24 hours since chemotherapy, how many times did it happen?
(Please use a leading zero if required e.g. 04)

3) in the 24 hours since chemotherapy, did you have any nausea? No Yes

4) If you had nausea, please enter the number that most closely resembles your experience.

How much nausea did you have in the last 24 hours?

0

1

2

3

4

5

6

7

8

9

10

None

As much as possible

Date completed ^d^d / ^m^m / ^y^y^y^y

Signed _____

MASCC Antiemesis Tool (MAT): Delayed

Information and instructions:

Definitions:

Vomiting: The bringing up of stomach contents.

Nausea: The feeling that you might vomit.

Please place a firm cross *e.g.* in a single box per row. For the completion of dates please use leading zeros if necessary *e.g.* 01/03/2008.

Delayed Nausea and Vomiting (Please fill this section out 4 days after chemotherapy)

This section asks about the period from the day after to 4 days after chemotherapy.

So it asks about the time **after** the first 24 hours:

5) Did you vomit 24 hours or more after chemotherapy? No Yes

6) If you vomited during this period, on how many days did it happen? 1 2 3 4

7) Did you have any nausea 24 hours or more after chemotherapy? No Yes

8) If you had nausea, please enter the number that most closely resembles your experience.

How much nausea did you have over this time period?

0 1 2 3 4 5 6 7 8 9 10

None

As much as possible

Date completed

d	d

 /

m	m

 /

y	y	y	y

Signed _____