



MASCC Antiemesis Tool (MAT)

MASCC Antiemesis Tool

Please fill this out the day after chemotherapy on:

Day:

Month:

Day of the Week:

Nausea and Vomiting during the first 24 hours after chemotherapy:

(This page refers to the first 24 hours following chemotherapy):

1) In the 24 hours since chemotherapy, did you have any **vomiting**?

Yes No

(Select one)

2) If you vomited in the 24 hours since chemotherapy, how many **times** did it happen?

(Write the number of times in this box)

3) In the 24 hours since chemotherapy, did you have any **nausea**?

Yes No

(Select one)

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

(Write the number of times in this box)

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



MASCC Antiemesis Tool

This page asks about the period from the day after to 4 days after chemotherapy.
So it asks about the time after the first 24 hours.

Please fill this out four days after chemotherapy on:

Day:

Month:

Day of the Week:

Delayed Nausea and Vomiting

5) Did you **vomit** 24 hours or more after chemotherapy?

Yes No

(Select one)

6) If you vomited during this period, how many **times** did it happen?

(Write the number of times in this box)

7) Did you have any **nausea** 24 hours or more after chemotherapy?

Yes No

(Select one)

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

How much nausea did you have over this time period?

(Write the number of times in this box)

