

MASCC Antiemesis Tool (MAT)

MASCC Antiemesis Tool: Instructions

Your Name:			
Date of chemotherapy (this cycle):	Day:	Month:	Day of the Week:
Your Oncology Nurse:		Phone:	
Your Oncology Physician:		Phone:	

Information about this brief form:

The MASCC Antiemesis Tool (MAT) is a way to help your doctors and nurses be sure you get the best care there is to prevent nausea and vomiting from chemotherapy. By filling out this form, you can help us make sure that you are having the best control of these possible side effects.

Here are the definitions used on this form:

Vomiting: The bringing up of stomach contents.

Nausea: The feeling that you might vomit.

Please answer all questions. There are no right or wrong answers, only your impression.

If you have any concerns about how or when to complete this form, please ask!

Please notice that Question #4 and Question #8 have a different style. These questions are scales. For this type of question, just circle the number from 0 to 10 that most closely resembles your experience with your nausea and vomiting and write the number in the box to the right. An example of this form of question (but dealing with parking) is given below. Feel free to practice with this example or ask one of us to go over it with you.

How much difficulty did you have parking your car today?

(Write the number in this box)

0 1 2 3 4 5 6 7 8 9 10

None

Please return the form shortly after completing it, as discussed with us. Thank you!

As much as possible

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Please fill this out the day after chemotherapy on:

Day:	Month:	Day of the Week:	
		ng during the first 24 hour st 24 hours following chemotherapy)	
1) In the 2	24 hours since che	emotherapy, did you have any vomit	ting? Yes No (Select one)
	/omited in the 24 h did it happen?	nours since chemotherapy, how man	IV (Write the number of times in this box)
3) In the 2	24 hours since che	emotherapy, did you have any nause	ea? Yes No (Select one)
closely	resembles your e	e circle or enter the number that mos xperience. ou have in the last 24 hours?	St (Write the number of times in this box)
I	0 1 2 3 4 None	5 6 7 8 9 10 As much as possible	

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	u vomit 24 hours c	or more after chemotherapy?	Yes No (Select one)		
6) If you vomited during this period, how many times did it happen?					
7) Did you	u have any nause a	a 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? 0 1 2 3 4 5 6 7 8 9 10 As much as possible 					