



# MASCC Antiemesis Tool (MAT)

2010 • Version 1

## 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

As much as possible

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

## 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 in this box)

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

## 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.

(Write the number in this box)

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