Specimen

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Fundació Bosch i Gimpera
Area de Valorització i Llicències.
Baldirí Reixac, 4-6, Torre D, 3ª Planta
08028 Barcelona
SPAIN

Tel: +34 93 403 9970
Fax: +34 93 403 9767
Email: idea@fbg.ub.edu

Attention

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Clinical use of the CASCO Questionnaire is not allowed.

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Under validation edition, 2011
### CACHEXIA SCORE

**CASCO QUESTIONNAIRE**  
(Under Validation Edition)

<table>
<thead>
<tr>
<th>Country</th>
<th>Select</th>
<th>Patient Code</th>
<th>Select</th>
<th>Site Number</th>
<th>Select</th>
<th>Patient’s Initials</th>
<th>Select</th>
<th>Birthdate</th>
<th>Select</th>
<th>Date</th>
<th>Select</th>
<th>Underlying disease</th>
<th>Select</th>
<th>Treatment</th>
<th>(Drugs, nutrition, Others)</th>
<th>Select</th>
</tr>
</thead>
</table>

Before applying CASCO, what is your perception of severity of patient’s cachexia according to the following scale (normal, absence of cachexia) 0 1 2 3 4 5 6 7 8 9 10 (terminal, evident cachexia)

**Index of cachexia**

**Calculated Values**

<table>
<thead>
<tr>
<th>BWC</th>
<th>IMD</th>
<th>PHP</th>
<th>ANO</th>
<th>QoL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**CACHEXIA SCORE**  
0  
**Classified as**

**BODY WEIGHT LOSS AND COMPOSITION (BWC)**

- **Body Weight Loss**
  - < 5%
  - or equal to 5%, mild
  - or equal to 10%, moderate
  - or equal to 15%, severe
  - or equal to 20%, terminal

- **Lean Body Mass**
  - No change in LBM
  - Loss of LBM > 10%

- **Methodology**

- **% Weight loss**

**INFLAMMATION / METABOLIC DISTURBANCES / IMMUNOSUPPRESSION (IMD)**

**INFLAMMATION**

- **Plasma CRP**
  - 5 mg/l ≤ CRP ≤ 10 mg/l
  - 10 mg/l < CRP ≤ 20 mg/l
  - CRP > 20 mg/l
  - Not Tested

- **Plasma IL6**
  - 4 pg/ml ≤ IL6 ≤ 10 pg/ml
  - 10 pg/ml ≤ IL6 ≤ 30 pg/ml
  - IL6 > 30 pg/ml
  - Not Tested

**METABOLIC DISTURBANCES**

- Plasma Albumin < 3.2 g/dL
- Plasma Pre-Albmin < 1.6 mg/dL
- Plasma Lactate > 2.2 mM
- Plasma Triglycerides > 200 mg/dL

**IMMUNOSUPPRESSION**

- Absolute values of lymphocytes

* not tested parameters should be left blank
We are interested in knowing some information related to your health status. Please provide an answer all the questions below. There are no "right" or "wrong" answers. The information provided will remain strictly confidential.

PHYSICAL PERFORMANCE (PHP)\(^1\)

During the past week:

1. Have you noticed any particular decrease in the physical activities (i.e. at work, at home, at leisure etc) that you normally carry out during the day?
   - Not at all
   - A little
   - Quite a bit
   - Very Much

2. Have you had any problem doing strenuous activities, like carrying a heavy shopping bag or a suitcase?
   - Not at all
   - A little
   - Quite a bit
   - Very Much

3. Have you noticed any loss of handgrip force?
   - Not at all
   - A little
   - Quite a bit
   - Very Much

4. Did you have to put more effort on climbing stairs?
   - Not at all
   - A little
   - Quite a bit
   - Very Much

5. Have you felt tired after walking approximately half a kilometre?
   - Not at all
   - A little
   - Quite a bit
   - Very Much

\(^1\) Question 2 copyright of 1995 EORTC Quality of Life Group. Extracted from QLQ-C30 and used with permission.

Please go to the last page of the questionnaire to perform MONITORING TEST of the Physical Performance

ANOREXIA (ANO)\(^2\)

1. My appetite is:
   - Very poor
   - Poor
   - Average
   - Good
   - Very good

2. When I eat:
   - I feel full after eating only a few mouthfuls
   - I feel full after eating about a third of a meal
   - I feel full after eating over half a meal
   - I feel full after eating most of the meal
   - I hardly ever feel full

3. Food tastes:
   - Very bad
   - Bad
   - Average
   - Good
   - Very good

4. Normally I eat:
   - less than one meal a day
   - one meal a day
   - two meals a day
   - three meals a day
   - more than three meals a day

\(^2\) Questions from 1-4 extracted from SNAQ of St. Louis GRECC Program of St. Louis VA Medical Center. Used with permission.
### QUALITY OF LIFE (QoL)

**During the past week:**

1. Do you need to stay in bed or a chair during the day? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

2. Do you need help with eating, dressing, washing yourself or using the toilet? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

3. Were you limited in doing either your work or other daily activities? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

4. Were you limited in pursuing your hobbies or other leisure time activities? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

5. Were you short of breath? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

6. Have you had pain? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

7. Did you need to rest? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

8. Have you had trouble sleeping? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

9. Have you felt weak? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

10. Have you felt nauseated? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

11. Have you vomited? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

12. Have you been constipated? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

13. Have you had diarrhea? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

14. Did pain interfere with your daily activities? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

15. Have you had difficulty in concentrating on things, like reading a newspaper or watching television? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

16. Did you feel tense? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

17. Did you worry? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

18. Did you feel irritable? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

19. Did you feel depressed? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

20. Have you had difficulty remembering things? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

21. Have your physical condition or medical treatment interfered with your family life? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

22. Have your physical condition or medical treatment interfered with your social activities? [ ] Not at all  [ ] A little  [ ] Quite a bit  [ ] Very Much

23. Have your physical condition or medical treatment caused you financial difficulties? [ ] Excellent  [ ] Fine  [ ] Poor  [ ] Very Poor

24. How do you rate your overall health during the past week? [ ] Excellent  [ ] Fine  [ ] Poor  [ ] Very Poor

25. How do you rate your overall quality of life during the past week? [ ] Excellent  [ ] Fine  [ ] Poor  [ ] Very Poor

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### PHYSICAL PERFORMANCE (PHP) (Cont.)

**Monitoring**

Monitoring will take place at the same moment as the questionnaire is filled, normally at the time of diagnose. If monitoring is NOT available the questionnaire will always be used. The very first calculation of the CACHEXIA SCORE will use the values from the questionnaire. Subsequent calculations will use the monitored values according to the following scale:

1. **Total Activity:**

<table>
<thead>
<tr>
<th>Previous Test</th>
<th>Date</th>
<th>Value</th>
<th>Reduction of <strong>Total Activity</strong> from previous measurement in %</th>
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</thead>
<tbody>
<tr>
<td>Current Test</td>
<td>Date</td>
<td>Value</td>
<td>0</td>
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</table>

2. **Handgrip strength:**

<table>
<thead>
<tr>
<th>Previous Test</th>
<th>Date</th>
<th>Value</th>
<th>Reduction of <strong>Handgrip Strength</strong> from previous measurement in %</th>
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</thead>
<tbody>
<tr>
<td>Current Test</td>
<td>Date</td>
<td>Value</td>
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</tbody>
</table>

3. **Stairs climb:**

<table>
<thead>
<tr>
<th>Previous Test</th>
<th>Date</th>
<th>Value</th>
<th>Reduction of <strong>Stairs Climb</strong> from previous measurement in %</th>
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</thead>
<tbody>
<tr>
<td>Current Test</td>
<td>Date</td>
<td>Value</td>
<td>0</td>
</tr>
</tbody>
</table>

4. **6-min walk distance:**

<table>
<thead>
<tr>
<th>Previous Test</th>
<th>Date</th>
<th>Value</th>
<th>Reduction of <strong>6-min Walk</strong> from previous measurement in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Test</td>
<td>Date</td>
<td>Value</td>
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