

Weight gain:  Yes  No  
Weight loss:  Yes  No  
Change in appetite:  Yes  No

**Ophthalmologic**

Changes in vision:  Yes  No  
Blurred vision:  Yes  No

**ENT**

Ringing in the ears:  Yes  No

**Cardiovascular**

Chest pain at rest:  Yes  No

**Respiratory**

Shortness of breath:  Yes  No

**Gastrointestinal**

Constipation:  Yes  No  
Rectal bleeding:  Yes  No

**Genitourinary**

Difficulty urinating:  Yes  No

**Musculoskeletal**

Leg cramps:  Yes  No  
Joint stiffness:  Yes  No

**Skin**

Discoloration:  Yes  No

**Psychiatric**

Anxiety:  Yes  No

**Endocrine**

Excessive thirst:  Yes  No  
Frequent urination:  Yes  No

**Hematology**

Prolonged bleeding:  Yes  No  
Easy bruising:  Yes  No

**Allergy/Immunology**

Hives:  Yes  No

(ROS1)

Difficulty speaking:  Yes  No  
Dizziness:  Yes  No

Headache:  Yes  No  
Loss of use of extremity:  Yes  No

Low back pain:  Yes  No  
Memory loss:  Yes  No

Seizures:  Yes  No  
Transient loss of vision:  Yes  No

Tremor:  Yes  No  
Tingling:  Yes  No

Balance difficulty:  Yes  No  
Gait abnormality:  Yes  No

Loss of strength:  Yes  No  
Pain:  Yes  No

Fainting:  Yes  No  
Coordination:  Yes  No

Tics:  Yes  No  
Irritability:  Yes  No

Confusion:  Yes  No  
Sleep disorders:  Yes  No

Numbness:  Yes  No  
Changes in libido:  Yes  No

Cramping:  Yes  No  
Loss of consciousness:  Yes  No

Changes in speech:  Yes  No

(Neurologic ROS1)