Patient's Name:_____ **Date:**_____

PALMER PLANTAR ERYTHRODYSESTHESIA (PPE)

Normal • What was the condition of your skin before treatment?	
Onset • How long after treatment did your symptoms begin? • What did they first look like?	
Provoking / Palliating • What makes the symptoms better? Worse?	
Quality (in last 24 hours) • Can you describe the sensation in your own words? • Do you have any tingling, burning or pain? Is the sensation constant or intermittent?	
Region / Radiation • What areas are affected? Does it appear the same on both sides of your body or differently?	
Severity / Other Symptoms • How bothersome is this symptom to you? (0-10 scale) What is it now? At worst? At best? On average? • Have you been experiencing any symptoms such as fever, discharge or bleeding from lesions and/or blisters?	
Treatment • How have you been managing? (Creams, ointments, pain medications, dressings). How effective are they? Any side effects? • When was your last cancer treatment? • What cancer treatment are you on?	
Understanding / Impact on You • How is this skin condition impacting your activities of daily living (ADLs)? • Do you need any support in understanding or managing your symptoms?	
Value • What is your comfort goal or acceptable level for this symptom (0 – 10 scale)?	

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