

# OncoLife Attribute Catalog (Per Symptom)

## Symptom: bleeding

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
lightheaded_presence	(no canonical stem)	single-select		1.00	0.10	0.90
thirst_presence	(no canonical stem)	single-select		1.00	0.10	0.90
vaginal_pad_count_per_hour	(no canonical stem)	number		1.00	0.10	0.90
bleeding_disorder_history	(no canonical stem)	single-select		1.00	0.15	0.85
bleeding_duration_minutes	(no canonical stem)	number		1.00	0.15	0.85
exposed_bone	(no canonical stem)	single-select		1.00	0.15	0.85
gaping_wound	(no canonical stem)	single-select		1.00	0.15	0.85
on_anticoagulants	Are you on blood thinners (e.g., Xarelto, Eliquis, Coumadin, Plavix)?	single-select		1.00	0.15	0.85
pale_cold_moist_skin	(no canonical stem)	single-select		1.00	0.15	0.85
penetrating_wound	(no canonical stem)	single-select		1.00	0.15	0.85
rapid_pulse	(no canonical stem)	single-select		1.00	0.15	0.85
spurting_bleed	(no canonical stem)	single-select		1.00	0.15	0.85
thrombocytopenia_suspected	(no canonical stem)	single-select		1.00	0.15	0.85

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
unconsciousness	(no canonical stem)	single-select		1.00	0.15	0.85
petechiae_presence	(no canonical stem)	single-select		0.30	0.10	0.20
new_bruises_without_trauma	(no canonical stem)	single-select		0.30	0.15	0.15
bleeding_persists_after_pressure	Are you experiencing bleeding that won't stop after applying pressure?	unknown				
blood_in_stool_or_urine	Do you have a lot of blood in your stool or urine?	unknown				
bruise_distribution	Is the bruising in one area of your body or all over?	unknown				
injury_presence	Did you injure yourself?	unknown				

## Symptom: constipation

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
abdominal_pain_severity	(no canonical stem)	single-select		1.00	0.10	0.90
recent_med_change	(no canonical stem)	single-select		1.00	0.15	0.85
rectal_bleeding_significant	(no canonical stem)	single-select		1.00	0.15	0.85
vomiting_bitter_emesis	(no canonical stem)	single-select		1.00	0.15	0.85
days_since_last_bowel_movement	(no canonical stem)	number		0.60	0.15	0.45
fever_duration_hours_unknown_cause	(no canonical stem)	number		0.60	0.15	0.45
history_of_diverticulitis_with_fever	(no canonical stem)	single-select		0.60	0.15	0.45
inability_to_pass_gas	(no canonical stem)	single-select		0.60	0.15	0.45
recent_surgery_or_injury	(no canonical stem)	single-select		0.60	0.15	0.45
decreased_activity	(no canonical stem)	single-select		0.30	0.15	0.15
decreased_fiber_or_fluids	(no canonical stem)	single-select		0.30	0.15	0.15
dry_hard_stools	(no canonical stem)	single-select		0.30	0.15	0.15
pain_with_bowel_movement	(no canonical stem)	single-select		0.30	0.15	0.15
recent_change_in_stools	(no canonical stem)	single-select		0.30	0.15	0.15
abdominal_pain_or_vomiting	Are you experiencing abdominal pain or vomiting?	unknown				

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
baseline_bowel_freq	What is the normal amount for you?	unknown				
constipation_med_details	Have you taken any stool softeners or medications for constipation? Which ones?	unknown				
days_since_bowel	How many days has it been since you had a bowel movement?	unknown				
dehydration_assessment	Assess for dehydration.	unknown				
passing_gas	Are you passing gas?	unknown				

## Symptom: diarrhea

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
abdominal_pain_presence	Do you have abdominal pain or cramping?	single-select		1.00	0.10	0.90
loose_stools_per_day	How many loose stools have you had in the last 24 hours?	number		1.00	0.10	0.90
temp_f	Any fever > 100.4°F?	number		1.00	0.10	0.90
antidiarrheal_taken	(no canonical stem)	single-select		1.00	0.15	0.85
oral_intake_pct	How much have you been able to eat or drink in the last 12 hours? Select: About the same as usual; Less than half; Almost nothing; I haven't eaten or had anything to drink.	single-select		1.00	0.15	0.85
stool_contains	Is your stool: Black, Bloody, Contains mucus, Normal, Other (select all that apply)?	multi-select	black, bloody, mucus, normal, other	1.00	0.15	0.85
lightheaded_presence	(no canonical stem)	single-select		0.60	0.10	0.50
sunken_eyes_presence	(no canonical stem)	single-select		0.60	0.10	0.50
thirst_presence	(no canonical stem)	single-select		0.60	0.10	0.50
days_in_a_row	How many days have you had diarrhea?	number		0.60	0.15	0.45
skin_turgor_decreased	(no canonical stem)	single-select		0.60	0.15	0.45
urine_output_pct	Is the amount of urine in the last 12 hours a lot less than your usual amount?	multi-select	most, about half, less than half, almost nothing	0.60	0.15	0.45
weight_change_lbs_since_onset	(no canonical stem)	number		0.60	0.15	0.45
orthostatic_dizziness_presence	(no canonical stem)	single-select		0.60	0.20	0.40
antidiarrheal_med_taken	Have you taken anti-diarrhea medications as prescribed?	unknown				

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
diarrhea_rating	How would you rate your diarrhea overall: mild, moderate, or severe? (If you've taken anti-diarrhea medication, please rate how it felt after taking the medication.)	unknown				
diarrhea_rating_post_med	Rate your diarrhea as mild, moderate, or severe after medications.	unknown				
functional_impact	Has the diarrhea affected your ability to do daily activities such as household work, eating, moving around?	unknown				
med_details	What did you take and how often?	unknown				
med_effect_trend	If moderate over 3 days: you've had this symptom for a few days. Are your medications resulting in the symptom getting worse, staying the same, or improving?	unknown				
nausea_or_vomiting	Any nausea or vomiting?	unknown				
self_care_ability	Are you able to perform daily self-care activities (e.g., bathing, dressing)?	unknown				
stool_description	If Other, describe your stool.	unknown				
thirst_or_lightheaded	Are you very thirsty or lightheaded?	unknown				
urine_color	What color is your urine?	unknown				

Symptom: eye\_complaints

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
consultation_history	Have you consulted an eye doctor regarding your symptoms?	unknown				
discharge_tearing	Is there discharge or excessive tearing from your eyes?	unknown				
eye_pain	Are you experiencing pain?	unknown				
eye_severity	Rate your symptoms: mild, moderate, or severe.	unknown				
eye_symptoms	Select all that apply: blurry vision, double vision, other	unknown				
functional_impact	Has it interfered with your ability to perform daily tasks like reading, driving, or working on a computer?	unknown				
new_symptom	Are your eye symptoms new?	unknown				
symptom_trend	If moderate over 3 days: you've had this symptom for a few days. Is it getting worse, staying the same, or improving?	unknown				
vision_problems	Are you experiencing any new problems with your vision?	unknown				

## Symptom: fatigue

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
temp_f	(no canonical stem)	number		1.00	0.10	0.90
unable_to_wake_up	(no canonical stem)	single-select		1.00	0.15	0.85
dizziness_presence	(no canonical stem)	single-select		0.60	0.10	0.50
fatigue_rating	Rate your fatigue severity: mild, moderate, or severe.	single-select		0.60	0.15	0.45
associated_symptoms	Do you have fever, nausea, vomiting, diarrhea, or lack of appetite?	unknown				
days_in_a_row	How many days have you been experiencing fatigue?	unknown				
fatigue_interferes_with_adl	Is your fatigue interfering with daily activities like household chores or work?	unknown				
fatigue_trend	If moderate over 3 days: you've had this symptom for a few days. Is it getting worse, staying the same, or improving?	unknown				
self_care_ability	Has the fatigue affected your ability to bathe, dress, or feed yourself without help?	unknown				
sleep_hours	How many hours are you sleeping/spending in bed each day due to fatigue?	unknown				



## Symptom: fever

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
difficulty_swallowing	(no canonical stem)	single-select		1.00	0.10	0.90
lightheaded_presence	(no canonical stem)	single-select		1.00	0.10	0.90
respiratory_difficulty	(no canonical stem)	single-select		1.00	0.10	0.90
sunken_eyes_presence	(no canonical stem)	single-select		1.00	0.10	0.90
temp_f	What is your temperature? If your temperature is greater than 100.4°F, please specify.	number		1.00	0.10	0.90
wheezing	(no canonical stem)	single-select		1.00	0.10	0.90
decreased_urine_output	(no canonical stem)	multi-select	most, about half, less than half, almost nothing	1.00	0.15	0.85
dry_mouth	(no canonical stem)	single-select		1.00	0.15	0.85
excessive_thirst	(no canonical stem)	single-select		1.00	0.15	0.85
mental_status_change	(no canonical stem)	single-select		1.00	0.15	0.85
pale_cold_moist_skin	(no canonical stem)	single-select		1.00	0.15	0.85
rapid_pulse	(no canonical stem)	single-select		1.00	0.15	0.85
skin_turgor_decreased	(no canonical stem)	single-select		1.00	0.15	0.85
cough_presence	(no canonical stem)	single-select		0.60	0.10	0.50
diarrhea_presence	(no canonical stem)	single-select		0.60	0.10	0.50

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
mucositis_presence	(no canonical stem)	single-select		0.60	0.10	0.50
sore_throat_presence	(no canonical stem)	single-select		0.60	0.10	0.50
urination_pain_presence	(no canonical stem)	single-select		0.60	0.10	0.50
catheter_site_redness_draining	(no canonical stem)	single-select		0.60	0.15	0.45
dizzy_confused_urination	Do you feel dizzy, confused, or experience burning on urination?	unknown				
fever_med_details	What medication did you take and how often did you take it?	unknown				
fever_med_taken	Have you taken fever-reducing medications today?	unknown				
oral_intake_pct	How much have you been able to eat or drink in the last 24 hours? Select: About the same as usual; Less than half; Almost nothing; I haven't eaten or had anything to drink.	unknown				
other_symptoms	Select all that you are currently experiencing: Rapid heartbeat (heart rate >100), nausea, vomiting, abdominal pain, diarrhea, redness around the port, cough.	unknown				
self_care_ability	Are you able to perform daily self care like bathing and dressing yourself?	unknown				
trouble_breathing	Are you having any trouble breathing?	unknown				

## Symptom: mouth\_sores

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
severe_ulceration_or_inability_to_take_oral	(no canonical stem)	single-select		0.90	0.15	0.75
bleeding_from_mouth_minutes	(no canonical stem)	number		0.80	0.10	0.70
painful_erythema_ulcers_swallowing_difficult	(no canonical stem)	single-select		0.80	0.15	0.65
temp_f	Do you have a fever?	number		0.70	0.10	0.60
white_patches_or_sticky_white_film	(no canonical stem)	single-select		0.70	0.15	0.55
foul_odor_from_mouth	(no canonical stem)	single-select		0.60	0.10	0.50
days_no_food	How many days have you not had normal food and/or drink?	unknown				
dehydration_assessment	Assess for dehydration.	unknown				
mouth_pain	Are you experiencing pain in your mouth?	unknown				
mouth_sores_rating	How would you rate your mouth sores overall: mild, moderate, or severe? (If you've taken medication, please rate how it felt after taking the medication.)	unknown				
oral_intake_pct	How much have you been able to eat or drink in the last 24 hours? Select: About the same as usual; Less than half; Almost nothing; I haven't eaten or had anything to drink.	unknown				
swallowing_difficulty	Are your mouth sores causing pain or difficulty swallowing?	unknown				
symptom_trend	If moderate over 3 days: you've had this symptom for a few days. Is it getting worse, staying the same, or improving with medication?	unknown				

## Symptom: nausea

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
antiemetic_change_in_effective_hours	(no canonical stem)	number		1.00	0.10	0.90
ctcae_nausea_grade	(no canonical stem)	number		1.00	0.10	0.90
unable_to_eat_or_drink_hours	(no canonical stem)	number		1.00	0.10	0.90
signs_of_dehydration	(no canonical stem)	single-select		0.90	0.10	0.80
decreased_urine_output_presence	(no canonical stem)	multi-select	most, about half, less than half, almost nothing	0.70	0.10	0.60
sunken_eyes_presence	(no canonical stem)	single-select		0.60	0.10	0.50
excessive_thirst_or_dry_mouth	(no canonical stem)	single-select		0.60	0.15	0.45
orthostatic_dizziness_presence	(no canonical stem)	single-select		0.60	0.20	0.40
abdominal_pain_presence	Are you experiencing abdominal pain or cramping?	unknown				
anti_nausea_med_taken	Are you taking anti-nausea medications?	unknown				
days_in_a_row	How many days have you been nauseated?	unknown				
lightheaded_presence	Are you lightheaded?	unknown				
med_details	If yes, what medication did you take and how often?	unknown				
nausea_rating	How would you rate your nausea overall: mild, moderate, or severe? (If you've taken anti-nausea medication, please rate how it felt after taking the medication.)	unknown				
oral_intake_pct	How much have you been able to eat or drink in the last 24 hours? Select: About the same as usual; Less than half; Almost nothing; I haven't eaten or had anything to drink.	unknown				
self_care_ability	Are you able to perform self care activities?	unknown				
temp_f	Any fever > 100.4°F?	unknown				

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
thirst_presence	Are you very thirsty?	unknown				
urine_color	What color is your urine?	unknown				
urine_output_pct	Is the amount of urine in the last 12 hours a lot less than your usual amount?	unknown				
vomit_count_24h	Have you vomited in the last 24 hours? If so, how many times?	unknown				
weight_loss	Any weight loss?	unknown				

## Symptom: no\_appetite

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
collapse_syncope	(no canonical stem)	single-select		1.00	0.15	0.85
oral_intake_days_non_e	(no canonical stem)	single-select		1.00	0.15	0.85
signs_of_dehydration	(no canonical stem)	single-select		1.00	0.15	0.85
orthostatic_dizziness_presence	(no canonical stem)	single-select		1.00	0.20	0.80
weight_loss_percent_1m	(no canonical stem)	number		0.60	0.15	0.45
baseline_vs_current_weight	What was your weight one week ago versus today?	unknown				
oral_intake_pct	How much have you been able to eat or drink in the last 2 days? Select: About the same as usual; Less than half; Almost nothing; I haven't eaten or had anything to drink.	unknown				
weight_loss_pct	Have you experienced weight loss recently (defined by >2% of body weight in one week)? If yes, how much weight have you lost in pounds?	unknown				

## Symptom: pain

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
temp_f	Do you have a fever over 100.4°F?	number		1.00	0.10	0.90
acute_severe_flank_pain	(no canonical stem)	single-select		1.00	0.15	0.85
bcg_recent_adverse_symptoms	(no canonical stem)	single-select		1.00	0.15	0.85
chills	(no canonical stem)	single-select		1.00	0.15	0.85
lower_extremity_weakness	(no canonical stem)	single-select		1.00	0.15	0.85
malaise	(no canonical stem)	single-select		1.00	0.15	0.85
rigors	(no canonical stem)	single-select		1.00	0.15	0.85
urinary_retention	(no canonical stem)	single-select		1.00	0.15	0.85
burning_with_urination	(no canonical stem)	single-select		0.60	0.15	0.45
cloudy_malodorous_urine	(no canonical stem)	single-select		0.60	0.15	0.45
dysuria	(no canonical stem)	single-select		0.60	0.15	0.45
flu_like_duration_hours	(no canonical stem)	number		0.60	0.15	0.45
frequency	(no canonical stem)	single-select		0.60	0.15	0.45
hematuria	(no canonical stem)	single-select		0.60	0.15	0.45
nocturia	(no canonical stem)	single-select		0.60	0.15	0.45

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
suprapubic_pain	(no canonical stem)	single-select		0.60	0.15	0.45
unable_to_urinate_hours	(no canonical stem)	number		0.60	0.15	0.45
urinary_discharge	(no canonical stem)	single-select		0.60	0.15	0.45
associated_symptoms	Any headache, double vision, abdominal pain, vomiting, bloody or black stool?	unknown				
pain_interferes_with_adl	Does it interfere with daily activities?	unknown				
pain_location	Where is your pain located? Select all that apply: chest; hands or feet; mouth or throat; muscles or joints; headache; abdomen; bones or back; IV/port site; other.	unknown				
pain_other_location	If other location, where?	unknown				
pain_severity	Rate your pain severity: mild, moderate, or severe.	unknown				
pain_trend	Is the pain getting worse?	unknown				



## Symptom: skin\_rash

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
rash_systemic_redflags	(no canonical stem)	single-select		1.00	0.15	0.85
suspected_drug_induced_rash	(no canonical stem)	single-select		0.80	0.15	0.65
lesion_drainage_or_pus	(no canonical stem)	single-select		0.70	0.10	0.60
viral_or_systemic_symptoms	(no canonical stem)	single-select		0.60	0.15	0.45
therapy_related_rash_mild_stable	(no canonical stem)	single-select		0.40	0.10	0.30
body_coverage_pct	If at other sites: does it cover more than 30% of your body? Has it affected your ability to do daily activities?	unknown				
days_in_a_row	How many days have you had it?	unknown				
infusion_site_features	If the rash is at the infusion site: is there swelling, blistering, redness or an open wound? Also, do you have fevers or chills?	unknown				
rash_features	Select all that apply: currently feeling unwell; broken or cracked skin; any liquid coming from rash or infusion site; swelling; warm to touch.	unknown				
rash_location	Where is the rash located? Select all that apply: Face; Chest; Arms; Legs; Hands/feet; Infusion site; Other.	unknown				
rash_other_location	If Other, where is the site?	unknown				
rash_trend	If more than 1 day: is it getting worse?	unknown				
temp_f	What is your temperature?	unknown				

## Symptom: urinary\_problems

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
urinary_retention	(no canonical stem)	single-select		1.00	0.15	0.85
acute_severe_flank_pain	(no canonical stem)	single-select		0.90	0.15	0.75
lower_extremity_weakness	(no canonical stem)	single-select		0.90	0.15	0.75
burning_on_urination	Are you experiencing any burning sensation during urination?	single-select		0.60	0.15	0.45
hematuria	(no canonical stem)	single-select		0.60	0.15	0.45
urination_frequency	Is there an increase in how many times you are urinating?	single-select		0.60	0.15	0.45
cloudy_malodorous_urine	(no canonical stem)	single-select		0.50	0.10	0.40
suprapubic_pain	(no canonical stem)	single-select		0.50	0.10	0.40
urinary_discharge	(no canonical stem)	single-select		0.50	0.10	0.40
blood_in_urine	Have you noticed any blood in your urine?	unknown				
blood_sugar	Are you diabetic? If yes, what is your blood sugar running?	unknown				
fluid_intake_pct	Are you drinking fluids normally?	unknown				
pelvic_pain	Do you have pelvic pain from urination?	unknown				
self_care_ability	Are you able to perform daily self-care activities like bathing and dressing yourself?	unknown				
urinary_pain_severity	Rate as mild, moderate, or severe.	unknown				
urine_odor	Is there an odor to the urine?	unknown				
urine_output_pct	Has the amount of urine you have been outputting been drastically reduced?	unknown				

## Symptom: vomiting

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
vomit_count_24h	How many times have you vomited in the last 24 hours?	number		1.00	0.10	0.90
ctcae_vomiting_grade	(no canonical stem)	number		0.90	0.10	0.80
decreased_urine_output_presence	(no canonical stem)	multi-select	most, about half, less than half, almost nothing	0.70	0.10	0.60
sunken_eyes_presence	(no canonical stem)	single-select		0.60	0.10	0.50
excessive_thirst_or_dry_mouth	(no canonical stem)	single-select		0.60	0.15	0.45
orthostatic_dizziness_presence	(no canonical stem)	single-select		0.60	0.20	0.40
abdominal_pain_presence	Do you have abdominal pain or cramping?	unknown				
bowel_movements_per_day	How many bowel movements do you have a day?	unknown				
constipation_presence	Are you constipated?	unknown				
days_in_a_row	How many days have you been vomiting?	unknown				
diarrhea_presence	Do you have diarrhea?	unknown				
functional_impact	Has your vomiting affected your ability to do daily household work?	unknown				
med_effect_trend	If moderate over 3 days: you've had this symptom for a few days. Are your medications resulting in the symptom getting worse, staying the same, or improving?	unknown				
oral_intake_pct	How much have you been able to eat or drink in the last 12 hours? Select: About the same as usual; Less than half; Almost nothing; I haven't eaten or had anything to drink.	unknown				
self_care_ability	Are you able to perform daily self care like bathing and dressing yourself?	unknown				

Attribute ID	Stem	UI	Options	InfoGain	Burden	BaseUtility
vomit_rating	Are you taking medication for vomiting as prescribed? Rate How would you rate your vomiting overall: mild, moderate, or severe? (If you've taken medication, please rate how it felt after taking the medication).	unknown				