

## Supplementary figure 2. Patient dairy

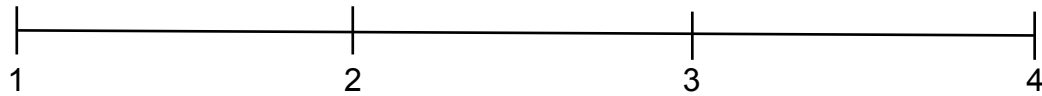
	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14
Nausea														
Vomiting														

Please fill in the table with the appropriate number in reference to the explanation.

- Nausea

Please choose the poorest degree of nausea over the course of 1 day.

no symptoms                      can drink and eat a little                      can drink but cannot eat                      can neither eat



- Vomiting

Please count the number of times that vomiting continued for more than 5 minutes over the course of 1 day.

1. No vomiting occurred
2. 1-2 times
3. 3-5 times
4. More than 6 times