



## **EORTC QLQ-SURV100**

We are interested in how you are doing now. Please answer all of the questions yourself by circling the number that best applies to you. Please answer according to the timeframe indicated above the questions. There are no right or wrong answers. The information that you provide will remain strictly confidential.

	Not at All	A Little	Quite a Bit	Very Much
1. Do you have any trouble taking a long walk carrying a heavy pack on your back (e.g., a filled rucksack)?	1	2	3	4
2. Do you have any trouble running a short distance, such as to catch the bus?	1	2	3	4
3. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?	1	2	3	4
4. Do you have any trouble taking a <u>long</u> walk?	1	2	3	4
5. Do you have any trouble taking a <u>short</u> walk outside of the house?	1	2	3	4
6. Do you need to stay in bed or a chair during the day?	1	2	3	4
7. Do you need help with eating, dressing, washing yourself or using the toilet?	1	2	3	4

### **During the past week:**

	Not at All	A Little	Quite a Bit	Very Much
8. Were you limited in doing either your work or other daily activities?	1	2	3	4
9. Were you limited in pursuing your hobbies or other leisure time activities?	1	2	3	4
10. Were you short of breath?	1	2	3	4
11. Have you had pain?	1	2	3	4
12. Did you need to rest?	1	2	3	4

Please go on to the next page

**During the past week:**

	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
13. Have you had trouble sleeping?	1	2	3	4
14. Have you felt weak?	1	2	3	4
15. Were you tired?	1	2	3	4
16. Did pain interfere with your daily activities?	1	2	3	4
17. Have you had difficulty in concentrating on things, like reading a newspaper or watching television?	1	2	3	4
18. Did you feel tense?	1	2	3	4
19. Did you worry?	1	2	3	4
20. Did you feel irritable?	1	2	3	4
21. Did you feel depressed?	1	2	3	4
22. Have you had difficulty remembering things?	1	2	3	4
23. Have cancer-related physical problems interfered with your family life?	1	2	3	4
24. Have cancer-related physical problems interfered with your social activities?	1	2	3	4
25. Has your physical condition or medical treatment caused you financial difficulties?	1	2	3	4
26. Have you had aches or pains in your joints?	1	2	3	4
27. Have you had aches or pains in your muscles?	1	2	3	4
28. Have your hands and/or feet been sensitive to hot and cold?	1	2	3	4
29. Have you had pale/cold fingers or toes?	1	2	3	4
30. Have you had tingling or numbness in your fingers or hands?	1	2	3	4
31. Have you had tingling or numbness in your toes or feet?	1	2	3	4
32. Have you had skin problems (e.g., itchy, dry, flaky)?	1	2	3	4

Please go on to the next page

**During the past week:**

	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
33. Have you experienced restless legs (uncontrollable urge to move your legs)?	1	2	3	4
34. Have you had problems standing for a long time?	1	2	3	4
35. Have you had swelling in your legs, ankles or feet?	1	2	3	4
36. Have you had muscle cramps?	1	2	3	4
37. Have you had muscle weakness?	1	2	3	4
38. Have you felt cold easily?	1	2	3	4
39. Have you had indigestion or heartburn?	1	2	3	4
40. Have you felt ill or unwell?	1	2	3	4
41. Have you felt exhausted?	1	2	3	4
42. Have you woken up during the night?	1	2	3	4
43. Have you woken up too early?	1	2	3	4
44. Have you had difficulty falling asleep?	1	2	3	4
45. Have you had problems thinking clearly?	1	2	3	4
46. Have you felt that your ability to think (to process information) has slowed down?	1	2	3	4
47. Have you felt frustrated?	1	2	3	4
48. Have you felt angry?	1	2	3	4
49. Have you had mood swings?	1	2	3	4
50. Have you been limited in doing physically demanding recreational activities (e.g., swimming or cycling)?	1	2	3	4
51. Have you felt older than your age?	1	2	3	4
52. Have you been dissatisfied with your physical appearance?	1	2	3	4
53. Have you worried about your cancer coming back or that it may spread to other parts of your body?	1	2	3	4

Please go on to the next page

**During the past week:**

	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
54. Have you worried about getting another type of cancer?	1	2	3	4
55. Have you worried about your health?	1	2	3	4
56. Have you worried that your previous cancer treatment may cause (more) health problems in the future?	1	2	3	4
57. Have you worried about dying?	1	2	3	4
58. Have you felt that you were still a cancer patient?	1	2	3	4
59. Have you felt uncertain about the future?	1	2	3	4
60. Have you worried about your future health?	1	2	3	4
61. Have you worried that your family members are at risk of getting cancer?	1	2	3	4

**Because of your experience with cancer:**

	<b>Not Applicable</b>	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
62. Do you currently have problems controlling your weight?		1	2	3	4
63. Have you had to limit your life plans or goals?		1	2	3	4
64. Do you feel that your life has been on hold?		1	2	3	4
65. Are you alert for symptoms that may signal a return of your cancer?		1	2	3	4
66. Are you more likely to contact your doctor when you experience symptoms?		1	2	3	4
67. Do you feel that your family and/or friends do <b>not</b> understand the impact of having (had) cancer?		1	2	3	4
68. Do you feel that your acquaintances do <b>not</b> understand the impact of having (had) cancer?		1	2	3	4
69. Have your career/job opportunities been limited? <i>(If this question does not apply to you, please select N/A)</i>	N/A	1	2	3	4

Please go on to the next page

**Because of your experience with cancer:**

	Not Applicable	Not at All	A Little	Quite a Bit	Very Much
70. Do you work fewer hours than you would like? <i>(If this question does not apply to you, please select N/A)</i>	N/A	1	2	3	4
71. Do you perform your work less well? <i>(If this question does not apply to you, please select N/A)</i>	N/A	1	2	3	4
72. Do you lack support and understanding from colleagues and/or management? <i>(If this question does not apply to you, please select N/A)</i>	N/A	1	2	3	4
73. Have you lost income? <i>(If you did not have a source of income at the time of diagnosis, please select N/A)</i>	N/A	1	2	3	4
74. Do you take better care of yourself?		1	2	3	4
75. Have you worried about the impact of your cancer on your children? <i>(If you do not have children, please select N/A)</i>	N/A	1	2	3	4
76. Do you feel that people treat you differently?		1	2	3	4
77. Are your relationships with family and/or friends stronger?		1	2	3	4
78. Are your relationships with family and/or friends more important to you?		1	2	3	4
79. Is your relationship with your partner stronger? <i>(If you do not have a partner, please select N/A)</i>	N/A	1	2	3	4
80. Do you feel that your life has more purpose?		1	2	3	4
81. Do you appreciate life more?		1	2	3	4
82. Has the experience of cancer helped you to distinguish between important and unimportant things in life?		1	2	3	4
83. Have you been better able to cope with problems?		1	2	3	4

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**Because of your experience with cancer:**

	Not at All	A Little	Quite a Bit	Very Much
84. Have you been more willing to help others?	1	2	3	4
85. Have you been more understanding of other people's feelings?	1	2	3	4

**Since the diagnosis and treatment of your cancer:**

	Not Applicable	Not at All	A Little	Quite a Bit	Very Much
86. Have you had problems with obtaining insurance, loans, and/or a mortgage? <i>(If you have not tried to obtain any of these, please select N/A)</i>	N/A	1	2	3	4
87. Have you made positive lifestyle changes (e.g., more exercise, healthy food, cutting down smoking)?		1	2	3	4
88. Have you been concerned about your ability to have children? <i>(If you did/do not want to have (more) children, please select N/A)</i>	N/A	1	2	3	4
89. Have you given a deeper meaning to the fact that you have (had) cancer?		1	2	3	4

**During the past four weeks:**

	Not at All	A Little	Quite a Bit	Very Much
90. Have you felt uncomfortable about the idea of being sexually intimate?	1	2	3	4
91. Have you avoided having sex?	1	2	3	4
92. Have you been interested in sex?	1	2	3	4
93. Have you been sexually active?	1	2	3	4
94. <b>For men only:</b> Have you had problems getting or maintaining an erection?	1	2	3	4

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