



## EORTC QLQ-ANL27

Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems during the past week. Please answer by circling the number that best applies to you.

<b>During the past week:</b>	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
31. Have you had leakage of stools or mucus from your anal opening (back passage)?	1	2	3	4
32. Have you experienced frequent bowel movements?	1	2	3	4
33. Have your bowel movements been painful?	1	2	3	4
34. Have you had pain/discomfort around your anal opening (back passage)?	1	2	3	4
35. Have you had pain while sitting?	1	2	3	4
36. Have you been uncomfortable in certain positions (e.g. lying down)?	1	2	3	4
37. Have you had soreness in the areas that have been treated?	1	2	3	4
38. Have you had itchy or irritated skin in the areas that have been treated?	1	2	3	4
39. Have you had to urinate frequently?	1	2	3	4
40. Have you had swelling in your legs or ankles?	1	2	3	4
41. Have you had problems going out of the house because you needed to be close to a toilet?	1	2	3	4
42. Have you had to clean yourself more often?	1	2	3	4
43. Have you had problems planning activities in advance (e.g. meeting friends)?	1	2	3	4

**Answer these questions ONLY IF YOU DO NOT HAVE A STOMA BAG; otherwise please continue below:**

<b>During the past week:</b>	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
44. Have you had problems with gas (flatulence)?	1	2	3	4
45. When you felt the urge to move your bowels, did you have to hurry to get to the toilet?	1	2	3	4
46. Have you had the feeling of being unable to completely empty your bowels?	1	2	3	4

Please go on to the next page

Answer these questions **ONLY IF YOU HAVE A STOMA BAG**; otherwise please continue below:

<b>During the past week:</b>	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
47. Have you had sore skin around your stoma?	1	2	3	4
48. Have you had leakage of stools from your stoma bag?	1	2	3	4
49. Have you had unintentional release of gas/flatulence from your stoma bag?	1	2	3	4

**During the past 4 weeks:**

	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
50. Have you been sexually active?	1	2	3	4
51. To what extent have you been interested in sex?	1	2	3	4
52. Has the disease or treatment affected your sex life (for the worse)?	1	2	3	4
53. Have you had pain during intercourse?	1	2	3	4

**For men only:**

	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
54. Have you had difficulty getting or maintaining an erection?	1	2	3	4

**For women only:**

**These questions apply to sexual activities or the use of a vaginal dilator:**

	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
55. Has your vagina felt dry?	1	2	3	4
56. Has your vagina felt narrow/tight?	1	2	3	4
57. Has your vagina been painful?	1	2	3	4