



EORTC QLQ - BLM30

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.

PLEASE ANSWER QUESTIONS 31 - 37 ONLY IF YOU DO NOT HAVE A UROSTOMY

During the past week:

	Not at all	A little	Quite a bit	Very much
31. Have you had to urinate frequently during the day ?	1	2	3	4
32. Have you had to urinate frequently at night ?	1	2	3	4
33. When you felt the urge to pass urine, did you have to hurry to get to the toilet?	1	2	3	4
34. Was it difficult for you to get enough sleep, because you needed to get up frequently at night to urinate?	1	2	3	4
35. Have you had difficulty going out of the house, because you needed to be close to a toilet?	1	2	3	4
36. Have you had any unintentional release (leakage) of urine?	1	2	3	4
37. Have you had pain or a burning feeling when urinating?	1	2	3	4

PLEASE ANSWER QUESTIONS 38 - 43 ONLY IF YOU HAVE A UROSTOMY

During the past week:

	Not at all	A little	Quite a bit	Very much
38. Has urine leaked from your urostomy bag?	1	2	3	4
39. Did you have problems with caring for your urostomy?	1	2	3	4
40. Was your skin around the urostomy irritated?	1	2	3	4
41. Have you felt embarrassed because of your urostomy?	1	2	3	4
42. Have you been dependent on others for caring for your urostomy?	1	2	3	4
43. Did you frequently have to change the urostomy bag?	1	2	3	4

PLEASE ANSWER QUESTION 44 ONLY IF YOU HAVE USED A CATHETER DURING THE PAST WEEK

44. Have you had problems with self-catheterization? (inserting a tube in the bladder to pass urine)	1	2	3	4
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During the past week:

	Not at all	A little	Quite a bit	Very much
45. Were you worried about your health in the future?	1	2	3	4
46. Did you worry about the results of examinations and tests?	1	2	3	4
47. Did you worry about possible future treatments?	1	2	3	4
48. Have you had a bloated feeling in your abdomen?	1	2	3	4
49. Have you had flatulence or gas?	1	2	3	4
50. Have you felt physically less attractive as a result of your illness or treatment?	1	2	3	4
51. Have you been dissatisfied with your body?	1	2	3	4
52. Have you felt less feminine/masculine as a result of your illness or treatment?	1	2	3	4

During the past 4 weeks:

	Not at all	A little	Quite a bit	Very much
53. To what extent were you interested in sex?	1	2	3	4
54. To what extent were you sexually active (with or without sexual intercourse)?	1	2	3	4
55. For men only: Did you have difficulty gaining or maintaining an erection?	1	2	3	4
56. For men only: Did you have ejaculation problems (e.g. dry ejaculation)?	1	2	3	4

Please answer the following 4 questions only if you have been sexually active during the past 4 weeks:

	Not at all	A little	Quite a bit	Very much
57. Have you felt uncomfortable about being sexually intimate?	1	2	3	4
58. Have you worried that you may contaminate your partner during sexual contact with the bladder treatment you have been receiving?	1	2	3	4
59. To what extent was sex enjoyable for you?	1	2	3	4
60. For Women only: did you have a dry vagina or other problems during intercourse?	1	2	3	4