



## **EORTC QLQ-CAX24**

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.

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<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 food and drink tasted different from usual?	1	2	3	4
32. Have you found the texture of food unpleasant?	1	2	3	4
33. Have you been put off eating by the smell of food?	1	2	3	4
34. Have you been put off eating by having too much food on your plate?	1	2	3	4
35. Have you felt full too quickly after beginning to eat?	1	2	3	4
36. Have you worried about your weight loss?	1	2	3	4
37. Have you worried that you do not eat enough?	1	2	3	4
38. Have you worried about what will happen if you continue to lose weight?	1	2	3	4
39. Have you been unable to eat despite wanting to?	1	2	3	4
40. Have you had problems drinking liquids?	1	2	3	4
41. Have you had problems swallowing?	1	2	3	4
42. Have you felt pressured by other people to eat more?	1	2	3	4
43. Have you worried that you are a burden to other people?	1	2	3	4

**Please continue on 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>
44. Have you worried about your appearance?	1	2	3	4
45. Have you felt your weight loss was out of control?	1	2	3	4
46. Have you worried about changes in your daily life?	1	2	3	4
47. Have you worried about becoming more dependent on others?	1	2	3	4
48. Have you had difficulty doing your usual activities because of your weight loss?	1	2	3	4
49. Have you been too tired to eat?	1	2	3	4
50. Have you been in too much pain to eat?	1	2	3	4
51. Have you had a dry mouth?	1	2	3	4
52. Have you had indigestion or heartburn?	1	2	3	4
53. Have you forced yourself to eat?	1	2	3	4
54. Has the information you have been given about your weight loss been adequate?	1	2	3	4