



## **EORTC QLO-CLL17**

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.

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

	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
31. Have you had muscle weakness?	1	2	3	4
32. Have you had aches or pains in your muscles or joints?	1	2	3	4
33. Have you had aches or pain in your bones?	1	2	3	4
34. Have you had a dry mouth?	1	2	3	4
35. Have you felt ill or unwell?	1	2	3	4
36. Have you had night sweats?	1	2	3	4

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

	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
37. Have you had shortness of breath on exertion?	1	2	3	4
38. Have you had a lack of energy?	1	2	3	4
39. Have you felt drowsy?	1	2	3	4
40. Have you had sudden tiredness?	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>
41. Have you worried about your health in the future?	1	2	3	4
42. Have you worried about recurrence of your disease?	1	2	3	4
43. Have you worried about becoming dependent on others?	1	2	3	4
44. Have you worried about getting another type of cancer?	1	2	3	4
45. Have you worried about your treatment causing future health problems?	1	2	3	4
46. <u>If applicable</u> : Have you had problems at your work or place of study due to the disease?	1	2	3	4
47. <u>If applicable</u> : Have you worried about not being able to continue working or your education?	1	2	3	4