



EORTC QLQ – CR29

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:

	Not at All	A Little	Quite a Bit	Very Much
31. Did you urinate frequently during the day?	1	2	3	4
32. Did you urinate frequently during the night?	1	2	3	4
33. Have you had any unintentional release (leakage) of urine?	1	2	3	4
34. Did you have pain when you urinated?	1	2	3	4
35. Did you have abdominal pain?	1	2	3	4
36. Did you have pain in your buttocks/anal area/rectum?	1	2	3	4
37. Did you have a bloated feeling in your abdomen?	1	2	3	4
38. Have you had blood in your stools?	1	2	3	4
39. Have you had mucus in your stools?	1	2	3	4
40. Did you have a dry mouth?	1	2	3	4
41. Have you lost hair as a result of your treatment?	1	2	3	4
42. Have you had problems with your sense of taste?	1	2	3	4

During the past week:

	Not at All	A Little	Quite a Bit	Very Much
43. Were you worried about your health in the future?	1	2	3	4
44. Have you worried about your weight?	1	2	3	4
45. Have you felt physically less attractive as a result of your disease or treatment?	1	2	3	4
46. Have you been feeling less feminine/masculine as a result of your disease or treatment?	1	2	3	4
47. Have you been dissatisfied with your body?	1	2	3	4
48. Do you have a stoma bag (colostomy/ileostomy)? (please circle the correct answer)	Yes		No	

Please go on to the next page

During the past week:

Not at All	A Little	Quite a Bit	Very Much
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Answer these questions ONLY IF YOU HAVE A STOMA BAG, if not please continue below:

49. Have you had unintentional release of gas/flatulence from your stoma bag?	1	2	3	4
50. Have you had leakage of stools from your stoma bag?	1	2	3	4
51. Have you had sore skin around your stoma?	1	2	3	4
52. Did frequent bag changes occur during the day?	1	2	3	4
53. Did frequent bag changes occur during the night?	1	2	3	4
54. Did you feel embarrassed because of your stoma?	1	2	3	4
55. Did you have problems caring for your stoma?	1	2	3	4

Answer these questions ONLY IF YOU DO NOT HAVE A STOMA BAG:

49. Have you had unintentional release of gas/flatulence from your back passage?	1	2	3	4
50. Have you had leakage of stools from your back passage?	1	2	3	4
51. Have you had sore skin around your anal area?	1	2	3	4
52. Did frequent bowel movements occur during the day?	1	2	3	4
53. Did frequent bowel movements occur during the night?	1	2	3	4
54. Did you feel embarrassed because of your bowel movement?	1	2	3	4

During the past 4 weeks:

Not at All	A Little	Quite a Bit	Very Much
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For men only:

56. To what extent were you interested in sex?	1	2	3	4
57. Did you have difficulty getting or maintaining an erection?	1	2	3	4

For women only:

58. To what extent were you interested in sex?	1	2	3	4
59. Did you have pain or discomfort during intercourse?	1	2	3	4