



EORTC QLQ-ELD14

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. Have you had difficulty with steps or stairs? | 1 | 2 | 3 | 4 |
| 32. Have you had trouble with your joints (e.g. stiffness, pain)? | 1 | 2 | 3 | 4 |
| 33. Did you feel unsteady on your feet? | 1 | 2 | 3 | 4 |
| 34. Did you need help with household chores such as cleaning or shopping? | 1 | 2 | 3 | 4 |
| 35. Have you felt able to talk to your family about your illness? | 1 | 2 | 3 | 4 |
| 36. Have you worried about your family coping with your illness and treatment? | 1 | 2 | 3 | 4 |
| 37. Have you worried about the future of people who are important to you? | 1 | 2 | 3 | 4 |
| 38. Were you worried about your future health? | 1 | 2 | 3 | 4 |
| 39. Did you feel uncertain about the future? | 1 | 2 | 3 | 4 |
| 40. Have you worried about what might happen towards the end of your life? | 1 | 2 | 3 | 4 |
| 41. Have you had a positive outlook on life in the last week? | 1 | 2 | 3 | 4 |
| 42. Have you felt motivated to continue with your normal hobbies and activities? | 1 | 2 | 3 | 4 |
| 43. How much has your illness been a burden to you? | 1 | 2 | 3 | 4 |
| 44. How much has your treatment been a burden to you? | 1 | 2 | 3 | 4 |