



## EORTC QLQ – GI.NET21

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.

<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.	Did you have hot flushes?	1	2	3	4	
32.	Have you noticed or been told by others that you looked flushed/red?	1	2	3	4	
33.	Did you have night sweats?	1	2	3	4	
34.	Did you have abdominal discomfort?	1	2	3	4	
35.	Did you have a bloated feeling in your abdomen?	1	2	3	4	
36.	Have you had a problem with passing wind/gas/flatulence?	1	2	3	4	
37.	Have you had acid indigestion or heartburn?	1	2	3	4	
38.	Have you had difficulties with eating?	1	2	3	4	
39.	Have you had side-effects from your treatment? (If you are not on treatment please circle N/A)	N/A	1	2	3	4
40.	Have you had a problem from repeated injections? (If not having injections please circle N/A)	N/A	1	2	3	4
41.	Were you worried about the tumour recurring in other areas of the body?	1	2	3	4	
42.	Were you concerned about disruption of home life?	1	2	3	4	
43.	Have you worried about your health in the future?	1	2	3	4	
44.	How distressing has your illness or treatment been to those close to you?	1	2	3	4	
45.	Has weight loss been a problem for you?	1	2	3	4	
46.	Has weight gain been a problem for you?	1	2	3	4	
47.	Did you worry about the results of your tests? (If you have not had tests please circle N/A)	N/A	1	2	3	4
48.	Have you had aches or pains in your muscles or bones?	1	2	3	4	
49.	Did you have any limitations in your ability to travel?	1	2	3	4	
<b>During the past four weeks:</b>						
50.	Have you had problems receiving adequate information about your disease and treatment?	1	2	3	4	
51.	Has the disease or treatment affected your sex life (for the worse)? (If not applicable please circle N/A)	N/A	1	2	3	4