



EORTC QLQ – HDC29

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 soreness in your mouth?	1	2	3	4
32. Have you had a dry mouth?	1	2	3	4
33. Have you had trouble swallowing?	1	2	3	4
34. Did food and drink taste different from usual?	1	2	3	4
35. Have you had abdominal pains or cramps?	1	2	3	4
36. Have you had skin problems (e.g. itchy, dry)?	1	2	3	4
37. Have you been upset by how the treatment has affected your hair?	1	2	3	4
38. Have you worried about your weight being too low?	1	2	3	4
39. Have you had fevers or chills?	1	2	3	4
40. Did you urinate frequently?	1	2	3	4
41. Have you had aches or pain in your bones?	1	2	3	4
42. Have you found it difficult to finish things you started?	1	2	3	4
43. Did you worry about the results of examinations and tests?	1	2	3	4

Please, complete the following questions if you are currently still in hospital for your treatment. If not, please go to question 48 on next page.

During the past week:

	Not at all	A little	Quite a bit	Very much
44. Have you had trouble coping with the hospital stay?	1	2	3	4
45. Has the isolation in hospital troubled you?	1	2	3	4
46. Have you worried that the blood (i.e. blood counts) may not recover?	1	2	3	4
47. How satisfied were you with the preparation for your treatment?	1	2	3	4

Please go on to the next page

During the past four weeks:

	Not at all	A little	Quite a bit	Very much
48. Have you felt isolated from those close to you (family, friends)?	1	2	3	4
49. Have you been concerned about disruption to your family life because of your treatment?	1	2	3	4
50. How distressing, do you think, your illness or treatment has been to those close to you?	1	2	3	4
51. Have you felt a need to keep your fears/ concerns from family or friends?	1	2	3	4
52. Has your experience helped you to distinguish between important and non-important things in life?	1	2	3	4
53. Were you worried about your health in the future?	1	2	3	4
54. Have you felt physically less attractive as a result of your illness or treatment?	1	2	3	4

Please mark the box, if the next question does not apply to you

55. Have you been concerned about your ability to have children?	1	2	3	4
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Please, complete the following questions only if you have completed your hospital treatment and are currently at home.

During the past four weeks:

	Not at all	A little	Quite a bit	Very much
56. Did having to take your drugs regularly interfere with your daily life?	1	2	3	4
57. Have you been watching yourself closely for any new symptoms?	1	2	3	4
58. Have you felt less interest in sex?	1	2	3	4
59. Have you felt less sexual enjoyment?	1	2	3	4