



EORTC QLQ – INFO25

We are interested in the information you have received about aspects of your disease and its treatment, in order to improve your health care. Please answer ALL the questions yourself by *circling* the number that best applies to you. There are no right or wrong answers. The information that you provide will remain strictly confidential.

During your current disease or treatment, how much information have you received on:	Not at all	A little	Quite a bit	Very much
31. The diagnosis of your disease?	1	2	3	4
32. The extent (spread) of your disease?	1	2	3	4
33. The possible causes of your disease?	1	2	3	4
34. Whether the disease is under control?	1	2	3	4
35. The purpose of any medical tests you have had or may undergo?	1	2	3	4
36. The procedures of the medical tests?	1	2	3	4
37. The results of the medical tests you have already received?	1	2	3	4
38. The medical treatment (chemotherapy, radiotherapy, surgery or other treatment modality)?	1	2	3	4
39. The expected benefit of the treatment?	1	2	3	4
40. The possible side-effects of your treatment?	1	2	3	4
41. The expected effects of the treatment on disease symptoms?	1	2	3	4
42. The effects of the treatment on social and family life?	1	2	3	4
43. The effects of the treatment on sexual activity?	1	2	3	4
44. Additional help outside the hospital (e.g. help with daily activities, self help groups, district nurses)?	1	2	3	4
45. Rehabilitation services (e. g. physiotherapy, occupational therapy)?	1	2	3	4

Please go to the next page

During your current disease or treatment,**how much information have you received on:**

Not at all	A little	Quite a bit	Very much
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| 46. Aspects of managing your illness at home? | 1 | 2 | 3 | 4 |
| 47. Possible professional psychological support? | 1 | 2 | 3 | 4 |
| 48. Different places of care (hospitals/outpatient services/home)? | 1 | 2 | 3 | 4 |
| 49. Things that you can do to help yourself get well (e.g. rest, contact with others)? | 1 | 2 | 3 | 4 |
| 50. Have you received written information? | | Yes | | No |
| 51. Have you received information on CD or tape / video? | | Yes | | No |
| | Not at all | A little | Quite a bit | Very much |
| 52. Were you satisfied with the amount of information you received? | 1 | 2 | 3 | 4 |
| 53. a) Do you wish to receive <u>more</u> information? | | Yes | | No |
| b) If yes, please specify on which topics? | | | | |
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| 54. a) Do you wish that you had received <u>less</u> information? | | Yes | | No |
| b) If yes, please specify on which topics? | | | | |
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| | Not at all | A little | Quite a bit | Very much |
| 55. Overall has the information you have received been helpful? | 1 | 2 | 3 | 4 |