



EORTC QLO-NHL-HG29

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 muscle weakness?	1	2	3	4
32. Have you had aches or pains in your muscles or joints?	1	2	3	4
33. Have you had aches or pain in your bones?	1	2	3	4
34. Have you had a dry cough?	1	2	3	4
35. Have you had a dry mouth?	1	2	3	4
36. Have you had problems with your sense of taste?	1	2	3	4
37. Have you felt ill or unwell?	1	2	3	4
38. Have you had tingling hands or feet?	1	2	3	4
39. Have you had numbness in your fingers or toes?	1	2	3	4

During the past week:

	Not at All	A Little	Quite a Bit	Very Much
40. Have you had shortness of breath on exertion?	1	2	3	4
41. Have you felt you had setbacks in your physical condition?	1	2	3	4
42. Have you had a lack of energy?	1	2	3	4
43. Have you felt drowsy?	1	2	3	4
44. Have you had sudden tiredness?	1	2	3	4

During the past week:

	Not at All	A Little	Quite a Bit	Very Much
45. Have you had mood changes?	1	2	3	4
46. Have you felt a lack of confidence in your body?	1	2	3	4
47. Have you been dissatisfied with how your body functions?	1	2	3	4
48. Have you had difficulty accepting limitations due to the disease?	1	2	3	4

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During the past 4 weeks:

	Not at All	A Little	Quite a Bit	Very Much
49. Have you worried about picking up an infection?	1	2	3	4
50. Have you worried about your health in the future?	1	2	3	4
51. Have you worried about recurrence of your disease?	1	2	3	4
52. Have you worried about becoming chronically ill?	1	2	3	4
53. Have you worried about becoming dependent on others?	1	2	3	4
54. Have you worried about getting another type of cancer?	1	2	3	4
55. Have you worried about your treatment causing future health problems?	1	2	3	4
56. Have you worried about damage to your heart and blood vessels?	1	2	3	4
57. <u>If applicable</u> : Have you had problems at your work or place of study due to the disease?	1	2	3	4
58. <u>If applicable</u> : Have you worried about not being able to continue working or your education?	1	2	3	4
59. <u>If applicable</u> : Have you been concerned about your ability to have children?	1	2	3	4