



EORTC QLQ – OG25

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
1. Have you had problems eating solid foods?	1	2	3	4
2. Have you had problems eating liquidised or soft foods?	1	2	3	4
3. Have you had problems drinking liquids?	1	2	3	4
4. Have you had trouble enjoying your meals?	1	2	3	4
5. Have you felt full up too quickly after beginning to eat?	1	2	3	4
6. Has it taken you a long time to complete your meals?	1	2	3	4
7. Have you had difficulty eating?	1	2	3	4
8. Have you had acid indigestion or heartburn?	1	2	3	4
9. Has acid or bile coming into your mouth been a problem?	1	2	3	4
10. Have you had discomfort when eating?	1	2	3	4
11. Have you had pain when you eat?	1	2	3	4
12. Have you had pain in your stomach area?	1	2	3	4
13. Have you had discomfort in your stomach area?	1	2	3	4
14. Have you been thinking about your illness?	1	2	3	4
15. Have you worried about your health in the future?	1	2	3	4
16. Have you had trouble with eating in front of other people?	1	2	3	4
17. Have you had a dry mouth?	1	2	3	4
18. Have you had problems with your sense of taste?	1	2	3	4
19. Have you felt physically less attractive as a result of your disease or treatment?	1	2	3	4
20. Have you had difficulty swallowing your saliva?	1	2	3	4
21. Have you choked when swallowing?	1	2	3	4
22. Have you coughed?	1	2	3	4
23. Have you had difficulty talking?	1	2	3	4
24. Have you worried about your weight being too low?	1	2	3	4
25. Answer this question only if you lost any hair: If so, were you upset by the loss of your hair?	1	2	3	4