



EORTC QLO – PRT23

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 a bloated feeling in your abdomen?	1	2	3	4
32. Were you troubled by passing wind / gas / flatulence?	1	2	3	4
33. Have you had excessive gurgling noise from your abdomen?	1	2	3	4
34. Have you had any unintentional release (leakage) of wind or mucous?	1	2	3	4
35. Have you had any unintentional release (leakage) of liquid stools?	1	2	3	4
36. Have you needed to get up at night to open your bowels?	1	2	3	4
37. Have you had abdominal pain or cramping not related to a bowel movement?	1	2	3	4
38. Have you had pain or cramping in your rectum (deep inside the back passage)?	1	2	3	4
39. Have you had pain /discomfort around your anal opening (back passage)?	1	2	3	4
40. Have you had bright blood in your stools?	1	2	3	4
41. Have you had dark blood clots in your stools?	1	2	3	4
42. Have you been unable to wait 15 minutes to open your bowels?	1	2	3	4
43. Have you had the feeling of being unable to completely empty your bowels?	1	2	3	4
44. Does passing water cause your bowels to act immediately?	1	2	3	4
45. Have you had to wear a pad because of your bowel problems?	1	2	3	4
46. Have you had difficulty going out of the house, because you needed to be close to a toilet, because of bowel problems?	1	2	3	4
47. Have your daily activities been limited by your bowel problems?	1	2	3	4

Please go on to the next page

During the past week:

	Not at all	A little	Quite a bit	Very much
48. Did your treatment restrict the types of food you can eat due to your bowel problems?	1	2	3	4
49. Did you worry about your bowel problem?	1	2	3	4
50. Did you feel embarrassed by your bowel problem?	1	2	3	4
51. How unhappy would you feel if you lived the rest of your life with your bowel habit as it is now?	1	2	3	4

During the past week:

52. Have you needed to take medication to control diarrhea?	Yes	No
53. What was the highest number of times you had to open your bowels in any 24 hour period? Please indicate number in box	<input type="text"/>	
54. Would you like more assistance to manage your bowel problem? (optional question)	Yes	No