



EORTC QLQ – VU34

Patients sometimes report that they have the following symptoms or problems. Some of these relate to the genital area. Whether or not you have had surgery in your genital area, please indicate the extent to which you have experienced these symptoms or problems.

During the past week:

	Not at All	A Little	Quite a Bit	Very Much
31. Have you had pain in your genital area?	1	2	3	4
32. Have you had itchy or irritated skin in your genital area?	1	2	3	4
33. Have you had sore skin in your genital area?	1	2	3	4
34. Have you had tearing or splitting of the skin in your genital area?	1	2	3	4
35. Have you had narrowing/tightness of your vaginal entrance?	1	2	3	4
36. Has scarring in your genital area caused you problems?	1	2	3	4
37. Have you had difficulties sitting due to problems in your genital area?	1	2	3	4
38. Have you had unpleasant discharge from your vagina or genital area?	1	2	3	4
39. Have you had swelling in the genital area?	1	2	3	4
40. Has the skin felt tight in your genital area?	1	2	3	4
41. Have you had swelling in your groin?	1	2	3	4
42. Have you had sore skin in your groin?	1	2	3	4
43. Have you had pain in your groin?	1	2	3	4
44. Have you had swelling in one or both legs?	1	2	3	4
45. Have you felt heaviness in one or both legs?	1	2	3	4
46. Has the skin felt tight in your leg(s)?	1	2	3	4
47. Have you had pain in your leg(s)?	1	2	3	4

Please continue on the next page

During the past week:		Not at all	A little	Quite a bit	Very much
48.	Have you felt physically less attractive as a result of your disease or treatment?	1	2	3	4
49.	Have you felt less feminine as a result of your disease or treatment?	1	2	3	4
50.	Have you been dissatisfied with your body?	1	2	3	4
51.	Do you have a urine catheter or a urine stoma bag (artificial bladder)?	No	Yes		

Please answer these questions **ONLY IF YOU DO NOT HAVE A URINE CATHETER OR A URINE STOMA BAG:**

During the past week:		Not at all	A Little	Quite a bit	Very much
52.	Have you passed urine frequently?	1	2	3	4
53.	Have you had pain or a burning feeling when passing urine?	1	2	3	4
54.	Have you had leaking of urine?	1	2	3	4
55.	When you felt the urge to pass urine, did you have to hurry to get to the toilet?	1	2	3	4

56. Do you have a bowel stoma bag? No Yes

Please answer these questions **ONLY IF YOU DO NOT HAVE A BOWEL STOMA BAG:**

During the past week:		Not at all	A Little	Quite a bit	Very much
57.	Have you had leaking of stools?	1	2	3	4
58.	When you felt the urge to move your bowels, did you have to hurry to get to the toilet?	1	2	3	4

Please continue on the next page

During the past 4 weeks:

59. Have you been sexually active? No Yes

Answer these questions only if you have been **SEXUALLY ACTIVE DURING THE PAST 4 WEEKS:**

During the past 4 weeks:		Not at all	A little	Quite a bit	Very much
60.	Have you worried that sex would be painful?	1	2	3	4
61.	Have you had pain during sexual intercourse or other sexual activity?	1	2	3	4
62.	Has your vagina felt narrow and/or tight during sexual intercourse or other sexual activity?	1	2	3	4
63.	Has your vagina felt dry during sexual intercourse or other sexual activity?	1	2	3	4
64.	Has sexual activity been enjoyable for you?	1	2	3	4