



EORTC QLQ-F17 (version 3)

We are interested in some things about you and your health. Please answer all of 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.

	Not at All	A Little	Quite a Bit	Very Much
1. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?	1	2	3	4
2. Do you have any trouble taking a <u>long</u> walk?	1	2	3	4
3. Do you have any trouble taking a <u>short</u> walk outside of the house?	1	2	3	4
4. Do you need to stay in bed or a chair during the day?	1	2	3	4
5. Do you need help with eating, dressing, washing yourself or using the toilet?	1	2	3	4

During the past week:

	Not at All	A Little	Quite a Bit	Very Much
6. Were you limited in doing either your work or other daily activities?	1	2	3	4
7. Were you limited in pursuing your hobbies or other leisure time activities?	1	2	3	4
8. Have you had difficulty in concentrating on things, like reading a newspaper or watching television?	1	2	3	4
9. Did you feel tense?	1	2	3	4
10. Did you worry?	1	2	3	4
11. Did you feel irritable?	1	2	3	4
12. Did you feel depressed?	1	2	3	4
13. Have you had difficulty remembering things?	1	2	3	4
14. Has your physical condition or medical treatment interfered with your <u>family</u> life?	1	2	3	4
15. Has your physical condition or medical treatment interfered with your <u>social</u> activities?	1	2	3	4

Please go on to the next page

For the following questions please circle the number between 1 and 7 that best applies to you

16. How would you rate your overall health during the past week?

1 2 3 4 5 6 7

Very poor

Excellent

17. How would you rate your overall quality of life during the past week?

1 2 3 4 5 6 7

Very poor

Excellent

SPECIMEN