



These materials discuss and/or include the European Organisation for the Research and Treatment of Cancer Quality of Life Questionnaire - Core 30 Version 3.0 (EORTC QLQ-C30 V3.0), which is owned exclusively by EORTC. No part of the EORTC QLQ-C30 V3.0 may be reproduced, distributed, or transmitted in any form or by any means, including photocopying recording, or other electronic or mechanical methods, without the prior written permission of EORTC and payment of any applicable fees. Copyright 1995 EORTC Quality of Life Group. All rights reserved. Version 3.0.

**EORTC QLQ-C30 (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.

The QS domain does not capture subject initials or demographic results such birth date in order to avoid duplication of this type of data. The birth date results are stored in the Demographics (DM) domains and referenced there when needed.

Please fill in your initials:

Your birthdate (Day, Month, Year):

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Today's date (Day, Month, Year): **QSDTC** 31

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**QSORRES**

**QSTESTCD = EOR0101 to EOR0128**

**QSSTRESC/QSSTRESN**

| 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 long walk?   | 1 | 2 | 3 | 4 |
| 3. Do you have any trouble taking a short 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 |

**QSEVLINT = -P1W**

**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. Were you short of breath?   | 1          | 2        | 3           | 4         |
| 9. Have you had pain?  | 1          | 2        | 3           | 4         |
| 10. Did you need to rest?  | 1          | 2        | 3           | 4         |
| 11. Have you had trouble sleeping?   | 1          | 2        | 3           | 4         |
| 12. Have you felt weak?  | 1          | 2        | 3           | 4         |
| 13. Have you lacked appetite?  | 1          | 2        | 3           | 4         |
| 14. Have you felt nauseated?   | 1          | 2        | 3           | 4         |
| 15. Have you vomited?  | 1          | 2        | 3           | 4         |
| 16. Have you been constipated?   | 1          | 2        | 3           | 4         |

**QSORRES**

**QSEVLINT = -P1W**

**During the past week:**

**QSSTRESC/QSSTRESN**

| Not at All | A Little | Quite a Bit | Very Much |
|------------|----------|-------------|-----------|
|------------|----------|-------------|-----------|

|  |   |   |   |   |
|--|---|---|---|---|
| 17. Have you had diarrhea?   | 1 | 2 | 3 | 4 |
| 18. Were you tired?  | 1 | 2 | 3 | 4 |
| 19. Did pain interfere with your daily activities?   | 1 | 2 | 3 | 4 |
| 20. Have you had difficulty in concentrating on things, like reading a newspaper or watching television? | 1 | 2 | 3 | 4 |
| 21. Did you feel tense?  | 1 | 2 | 3 | 4 |
| 22. Did you worry?   | 1 | 2 | 3 | 4 |
| 23. Did you feel irritable?  | 1 | 2 | 3 | 4 |
| 24. Did you feel depressed?  | 1 | 2 | 3 | 4 |
| 25. Have you had difficulty remembering things?  | 1 | 2 | 3 | 4 |
| 26. Has your physical condition or medical treatment interfered with your <u>family</u> life?            | 1 | 2 | 3 | 4 |
| 27. Has your physical condition or medical treatment interfered with your <u>social</u> activities?      | 1 | 2 | 3 | 4 |
| 28. Has your physical condition or medical treatment caused you financial difficulties?                  | 1 | 2 | 3 | 4 |

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

**QSTESTCD = EOR0129**

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

**QSEVLINT = -P1W**

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

**QSSTRESC/QSSTRESN**

Very poor

**QSORRES**

Excellent

**QSTESTCD = EOR0130**

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

**QSEVLINT = -P1W**

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

**QSSTRESC/QSSTRESN**

Very poor

**QSORRES**

Excellent

