QS (Questionnaire)

QSCAT = EORTC QLQ-C15-PAL V1.0



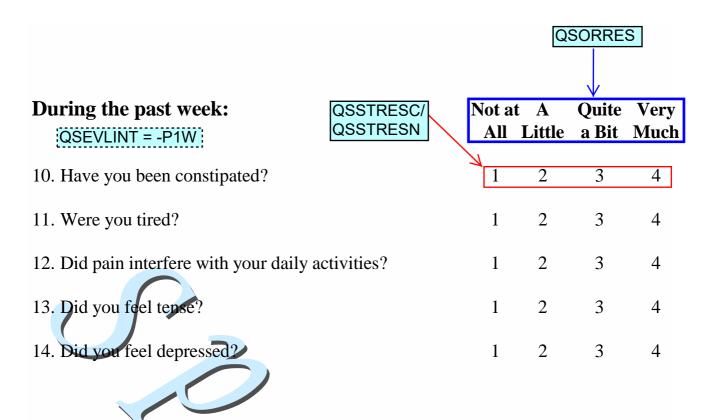
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EORTC QLQ-C15-PAL (version 1)

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.

stored in the	Demographic (DM) domains and referenced there when n		lication of tr	nis type of da	ita. The birth	date results are
	ease fill in your initials:					
	our birthdate (Day, Month, Year):		QSORRES			
10	oday's date (Day, Month, Year):	QSDTC				
		QSSTRESC/	Not at		Quite	Very
QSTEST	CD = EOR0201 to EOR0214	QSSTRESN	All	Little	a Bit	Much
1.	Do you have any trouble taking a	short	7			
	walk outside of the house?		1	2	3	4
2.	Do you need to stay in bed or a cl	nair during the day?	1	2	3	4
3.	Do you need help with eating, dre yourself or using the toilet?	essing, washing	1	2	3	4
D	uring the past week: QSEVLINT = -P1W		Not at	t A Little	Quite a Bit	Very Much
4.	Were you short of breath?		1	2	3	4
5.	Have you had pain?		1	2	3	4
6.	Have you had trouble sleeping?		1	2	3	4
7.	Have you felt weak?		1	2	3	4
8.	Have you lacked appetite?		1	2	3	4
9.	Have you felt nauseated?		1	2	3	4

Please go on to the next page



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

QSTESTCD = EOR0215

QSEVLINT = -P1W

15. How would you rate your overall quality of life during the past week? QSSTRESC/QSSTRESN QSANVLLO QSANVLHI in 3 5 4 in SUPPQS SUPPQS Excellent Very poor **QSORRES** QSANTXHI in QSANTXLO: SUPPQS in SUPPQS