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| QLQC30 [QLQC30] | |
| *[QLQHEAD]* | |
| Questionnaire filled in by the patient ? *[QLQYN]* | 🌕 0-No 🌕 1-Yes |
| Date on which the questionnaire has been filled in by the patient *[QLQDT]* | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  DD/MM/YYYY |
| Reason for questionnaire not filled in *[QLQNO\_R]* |  |
| Date on which the questionnaire should have been filled in *[QLQEXPDT]* | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  DD/MM/YYYY |
| *[QLQC30G1]* | |
| 1. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or suitcase? *[Q01]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 2. Do you have any trouble taking a long walk?  *[Q02]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 3. Do you have any trouble taking a short walk outside the house?  *[Q03]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 4. Do you need to stay in a bed or a chair during the day? *[Q04]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 5. Do you need help with eating, dressing, washing yourself or using the toilet? *[Q05]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| During the past week *[QLQC30G2]* | |
| 6. Were you limited in doing either your work or other daily activities? *[Q06]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 7.Were you limited in pursuing your hobbies or other leisure time activities? *[Q07]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 8.Were you short of breath? *[Q08]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 9.Have you had pain? *[Q09]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 10.Did you need to rest? *[Q10]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 11. Have you had trouble sleeping? *[Q11]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 12. Have you felt weak? *[Q12]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 13. Have you lacked appetite? *[Q13]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 14. Have you felt nauseated? *[Q14]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 15. Have you vomited? *[Q15]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 16. Have you been constipated? *[Q16]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 17.Have you had diarrhea? *[Q17]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 18. Were you tired? *[Q18]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 19. Did pain interfere with your daily activities? *[Q19]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 20. Have you had difficulty in concentrating on things, like reading a newspaper or watching television? *[Q20]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 21.Do you feel tense? *[Q21]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 22. Did you worry? *[Q22]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 23. Did you feel irritable? *[Q23]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 24. Did you feel depressed? *[Q24]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 25. Have you had difficulty remembering things?  *[Q25]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 26. Has your physical condition or medical treatment interfered with your family life? *[Q26]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 27. Has your physical condition or medical treatment interfered with your social activities? *[Q27]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| 28. Has your physical condition or medical treatment caused you financial difficulties? *[Q28]* | 🌕 1- Not at all  🌕 2- A little  🌕 3- Quite a bit  🌕 4- Very much |
| For the following questions, please answer by circling the number between 1 and 7 that best applies to your situation *[QLQC30G3]* | |
| 29. How would you rate your overall health during the past week ?   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | □ 1  *Very poor* | □ 2 | □ 3 | □ 4 | □ 5 | □ 6 | □ 7  *Excellent* | | |
| 30. How would you rate your overall quality of life during the past week?   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | □ 1  *Very poor* | □ 2 | □ 3 | □ 4 | □ 5 | □ 6 | □ 7  *Excellent* | | |