



## **EORTC QLQ – HCC18**

Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems during the past week. Please answer by circling the number that best applies to you.

### **During the past week:**

	<b>Not at all</b>	<b>A little</b>	<b>Quite a bit</b>	<b>Very much</b>
31. Did you feel thirsty?	1	2	3	4
32. Have you had problems with your sense of taste?	1	2	3	4
33. Have you lost muscle from your arms or legs?	1	2	3	4
34. Have you had abdominal swelling?	1	2	3	4
35. Have you been concerned by the appearance of your abdomen?	1	2	3	4
36. Have you been concerned by your skin or eyes being yellow (jaundiced)?	1	2	3	4
37. Have you had itching?	1	2	3	4
38. Have you had pain in your shoulder?	1	2	3	4
39. Have you had abdominal pain?	1	2	3	4
40. Have you had fevers?	1	2	3	4
41. Have you had chills?	1	2	3	4
42. Have you worried about getting enough nourishment?	1	2	3	4
43. Have you felt full up too quickly after beginning to eat?	1	2	3	4
44. Have you worried about your weight being too low?	1	2	3	4
45. Have you been less active than you would like to be?	1	2	3	4
46. Have you found it difficult to finish things?	1	2	3	4
47. Have you needed to sleep during the day?	1	2	3	4

### **During the past four weeks:**

48. Has the disease or treatment had any effect on your sex life?	1	2	3	4
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