



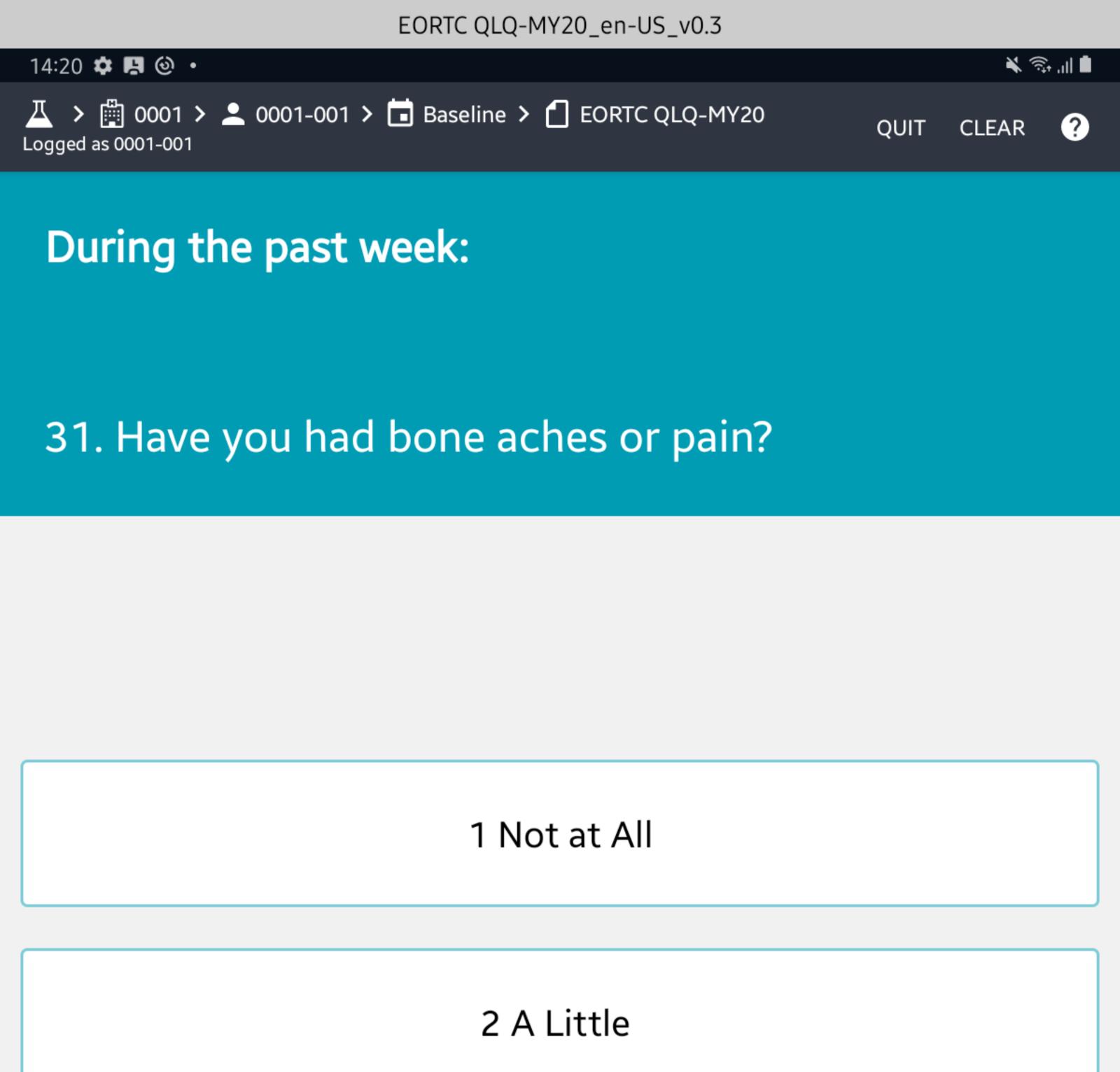
|||

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 selecting the number that best applies to you.

ENGLISH

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NEXT >



3 Quite a Bit

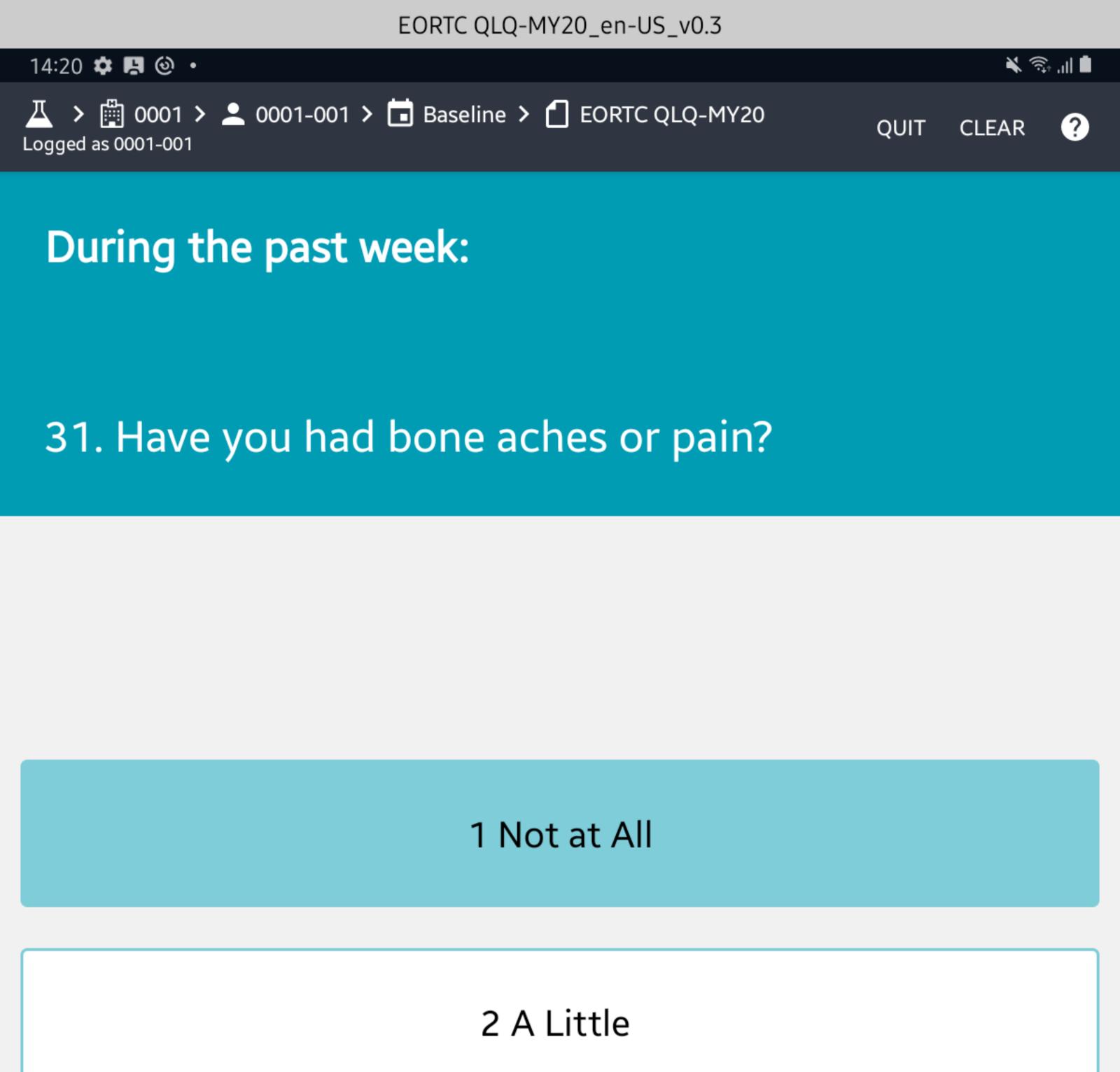
4 Very Much

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NEXT >



3 Quite a Bit

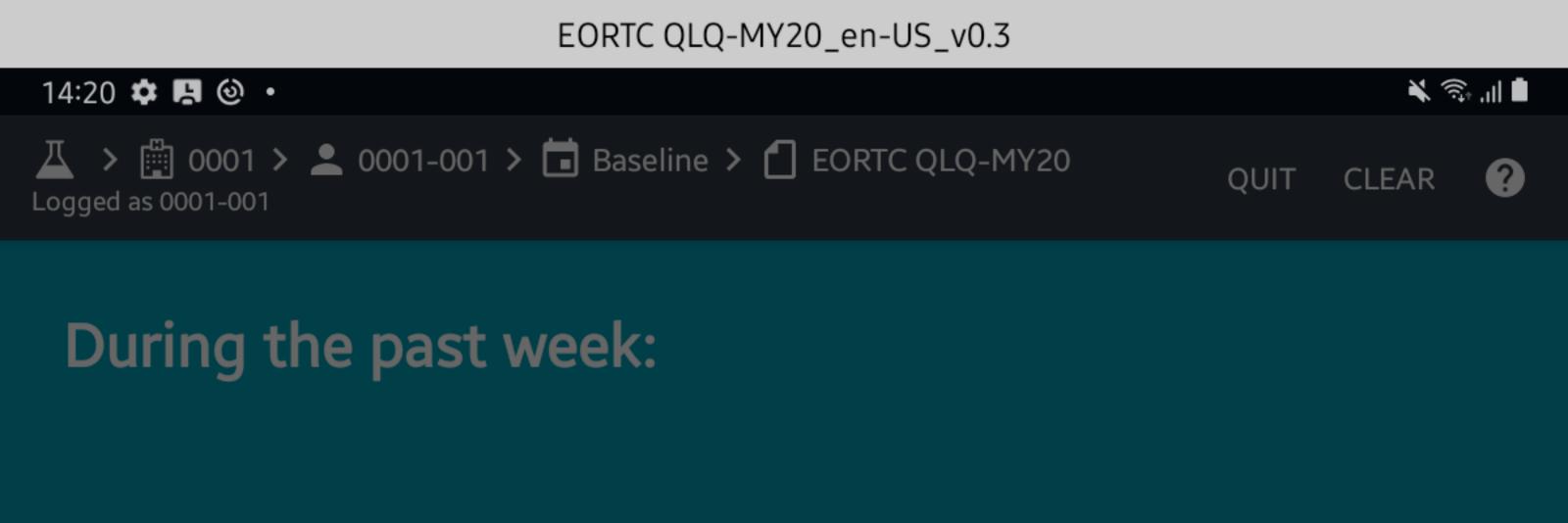
4 Very Much

< PREVIOUS

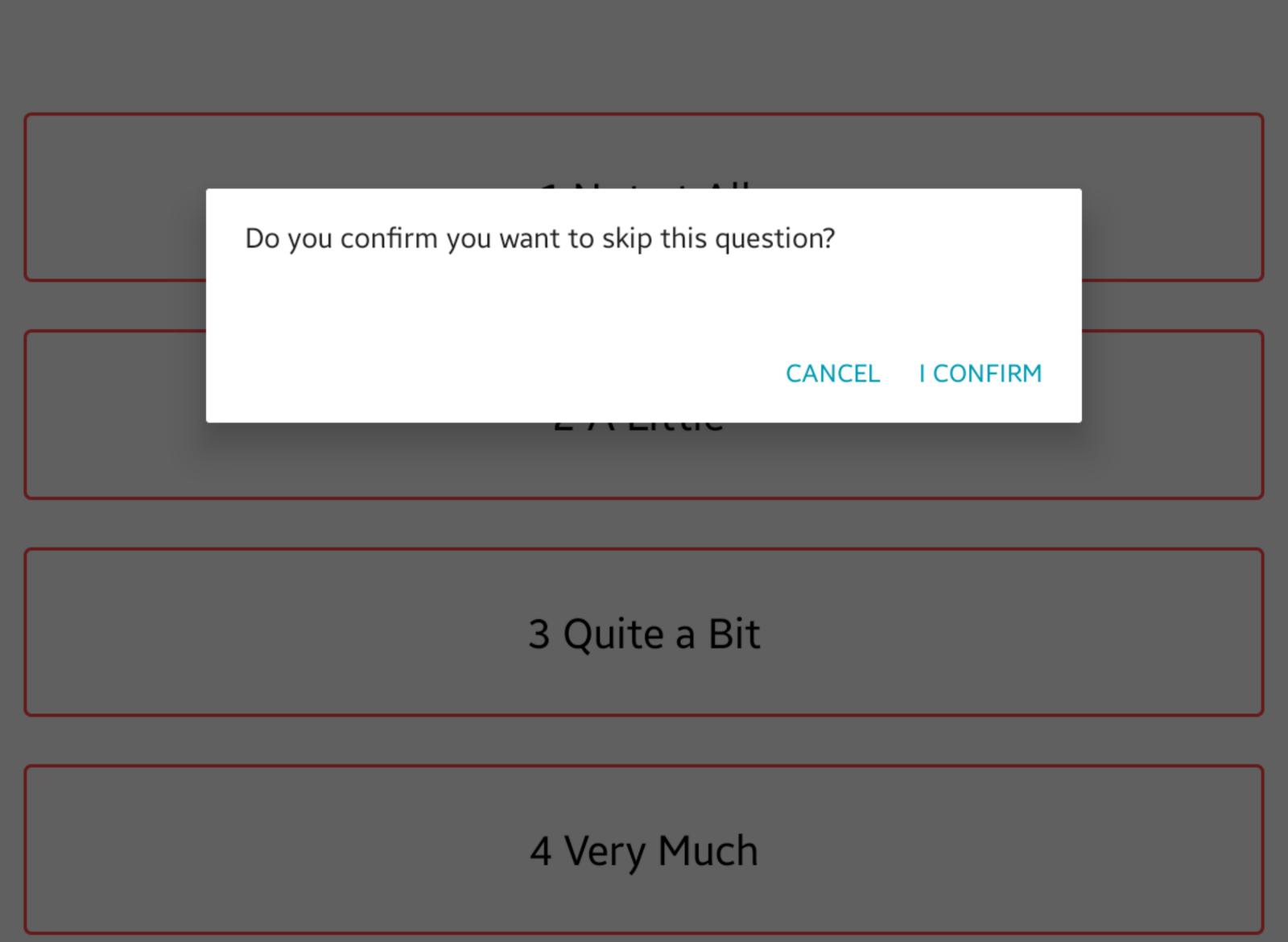
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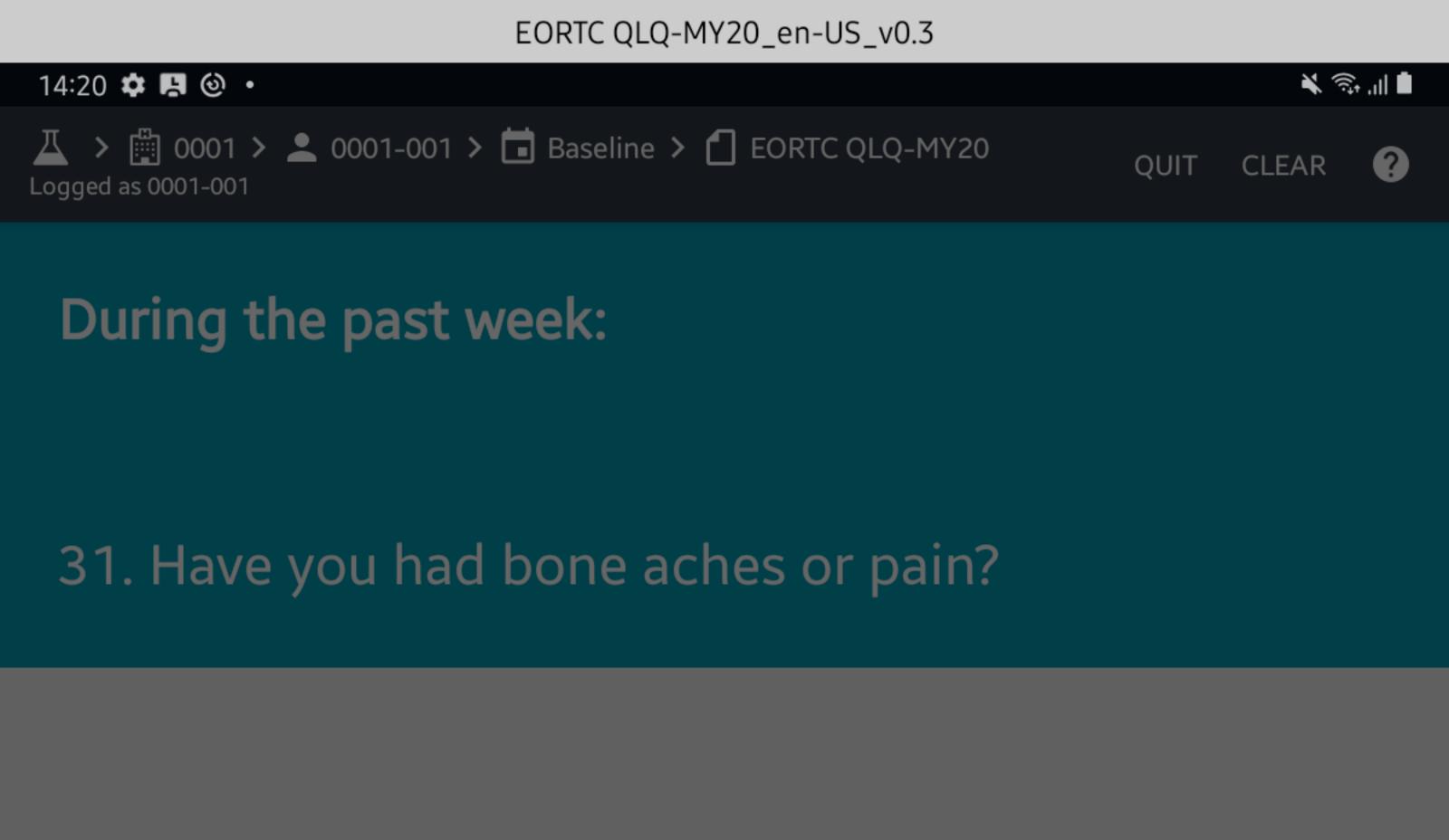
NEXT >

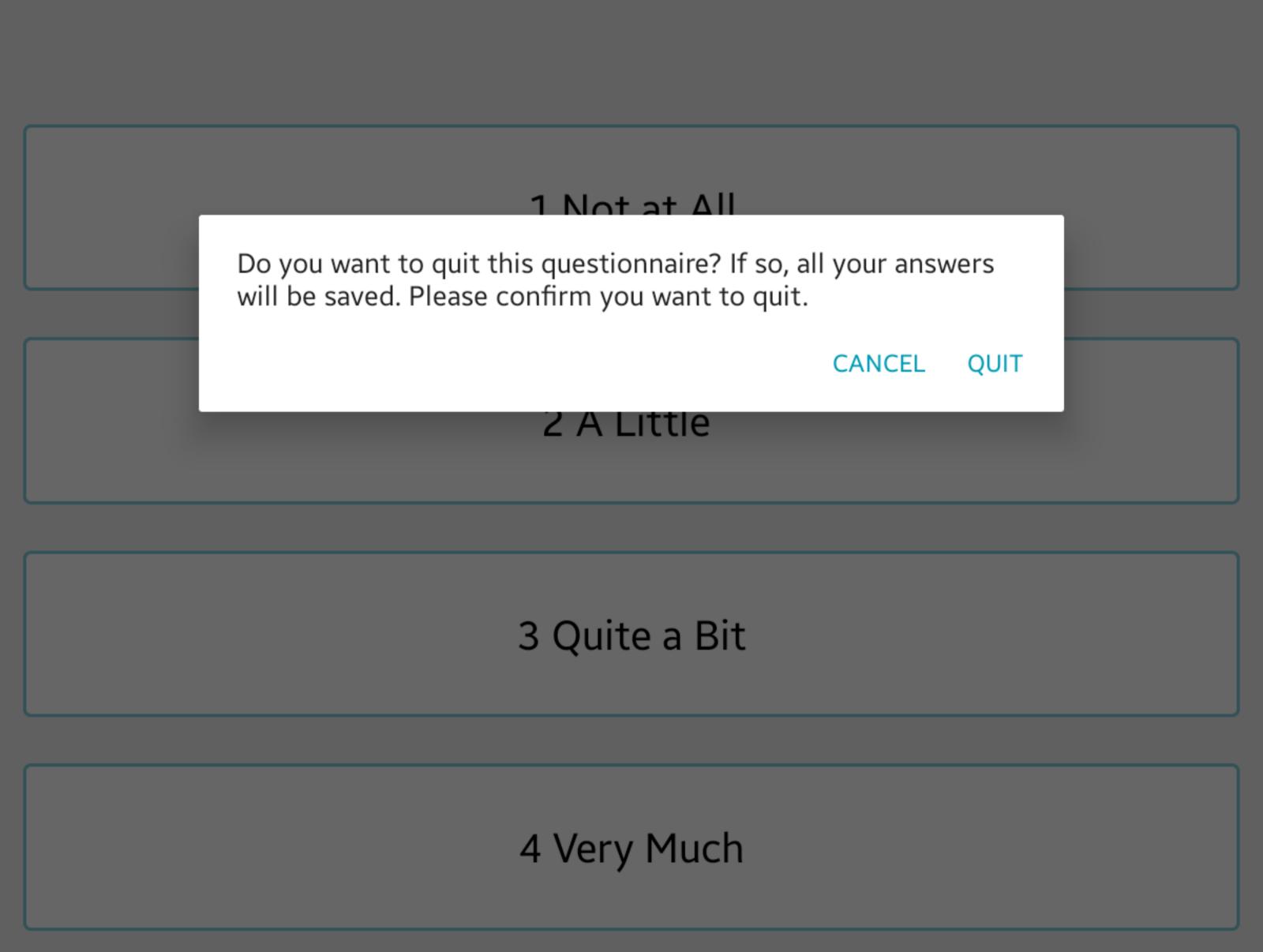


31. Have you had bone aches or pain?



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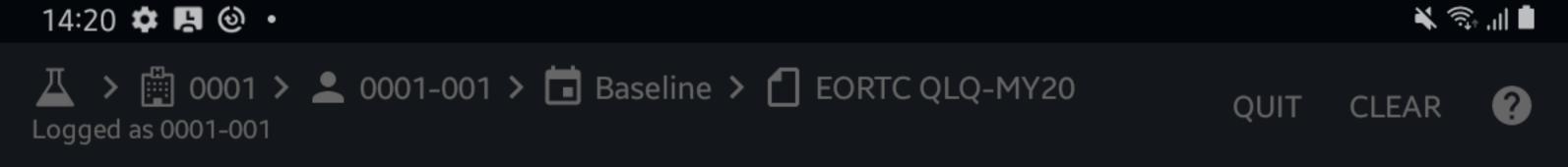




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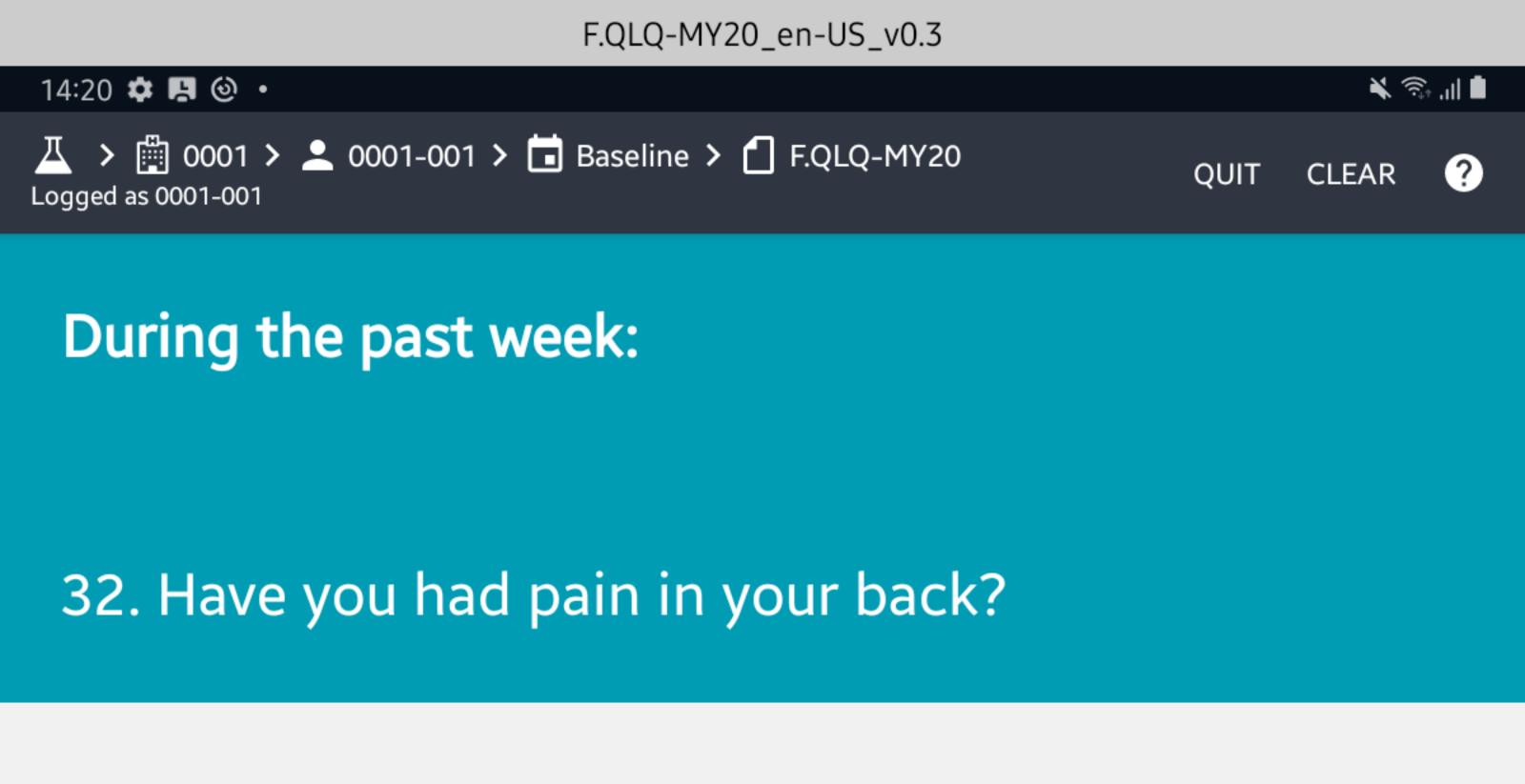
31. Have you had bone aches or pain?

Help Once you have selected an answer: Select the NEXT button to proceed to the next screen; Select the PREVIOUS button to proceed to the previous screen; Select the CLEAR button to clear your answer. This question is not mandatory. If you are not able to answer or do not want to answer the question, select the NEXT button and then confirm you do not want to provide an answer by selecting the I CONFIRM button. You can put the questionnaire on hold by selecting the QUIT button at the top of the screen. All your answers will be saved. To go back to the questionnaire please select the CLOSE button.

4 Very Much

< PREVIOUS ----- NEXT >

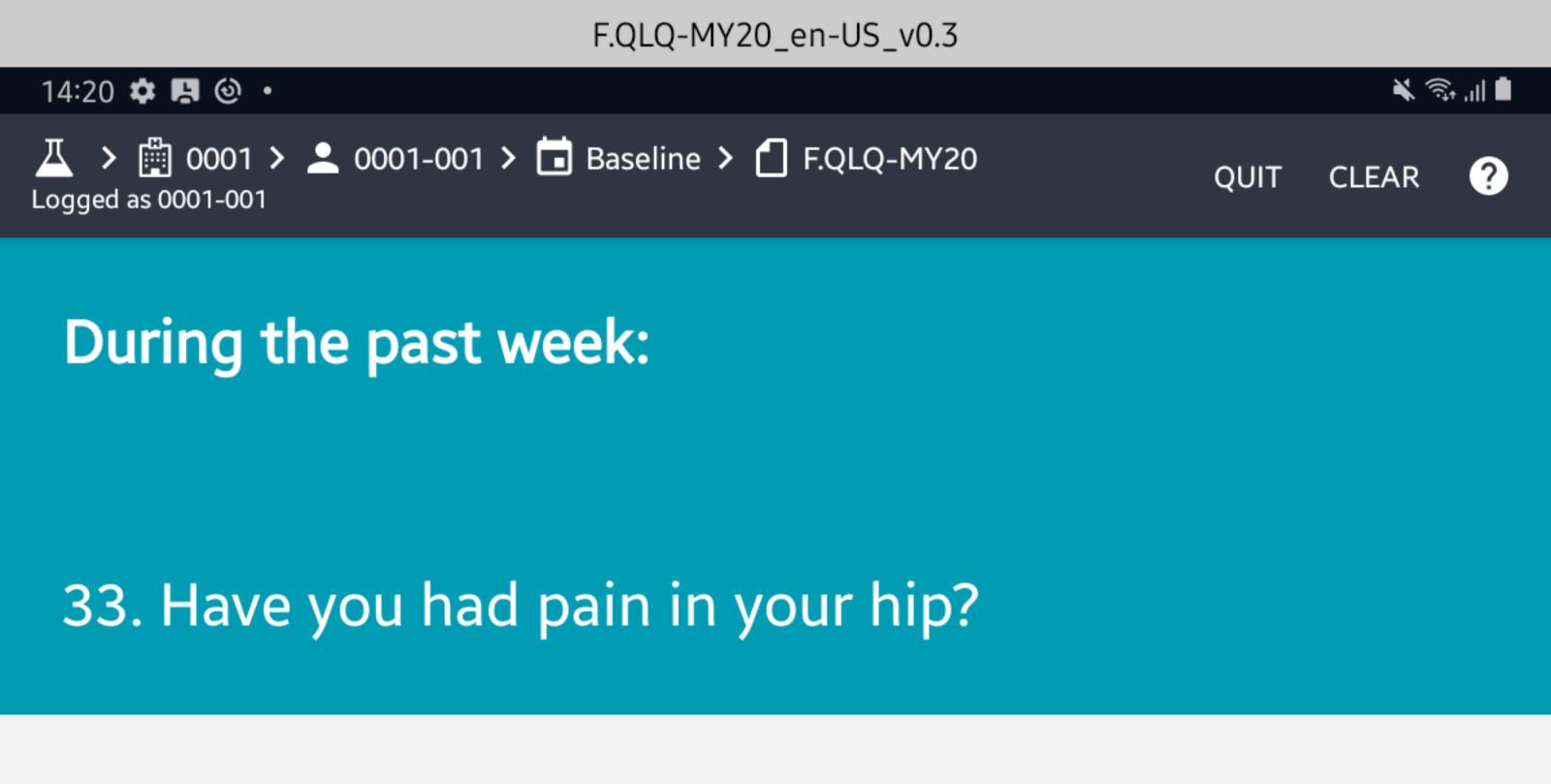
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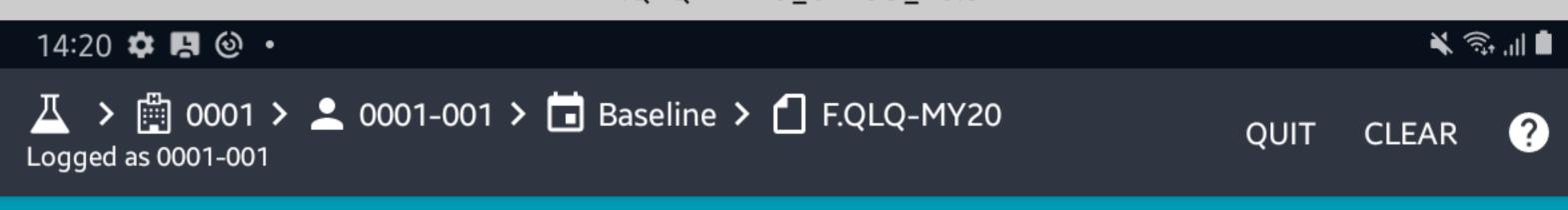
1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

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34. Have you had pain in your arm or shoulder?

1 Not at All

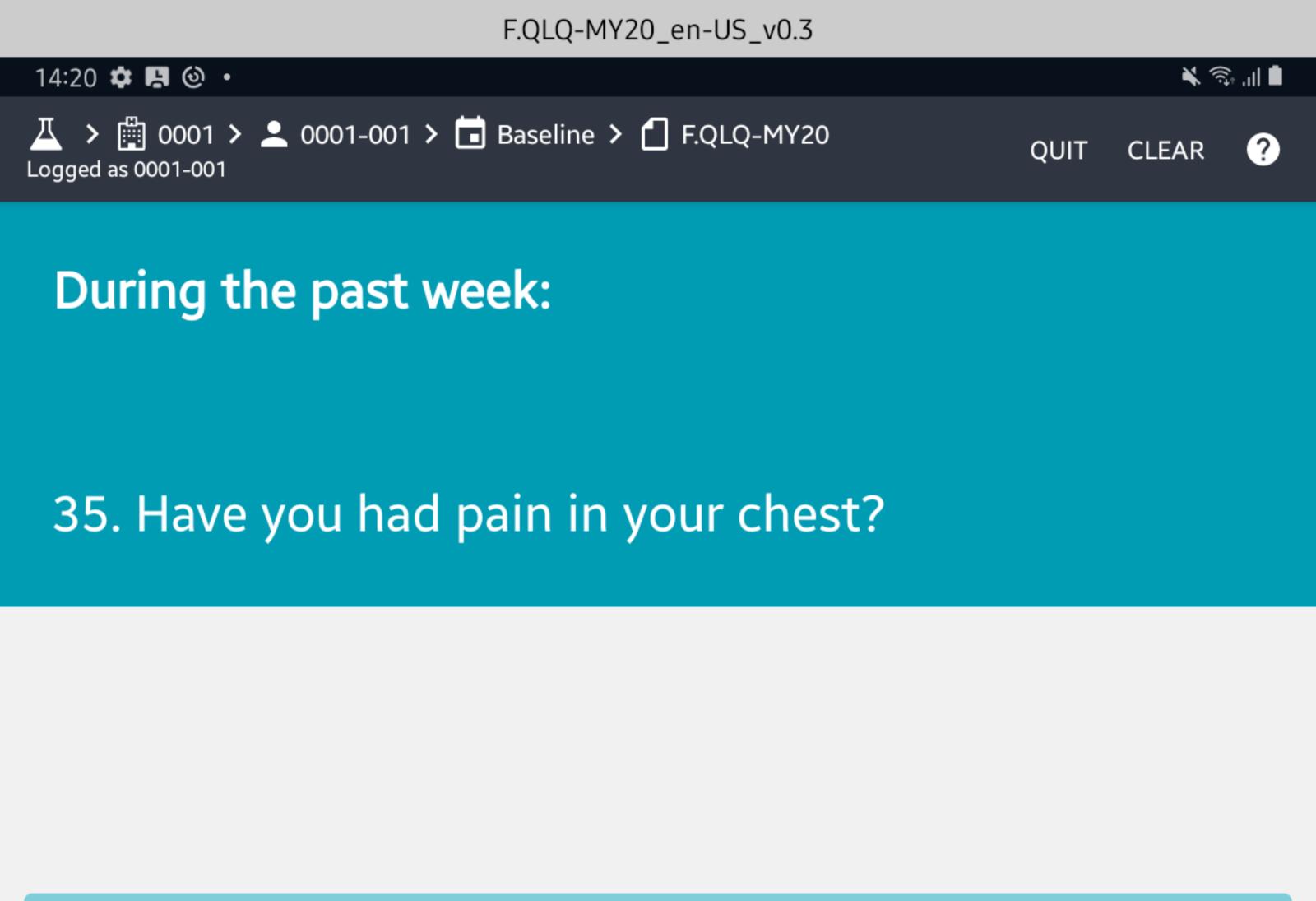
2 A Little

3 Quite a Bit

4 Very Much

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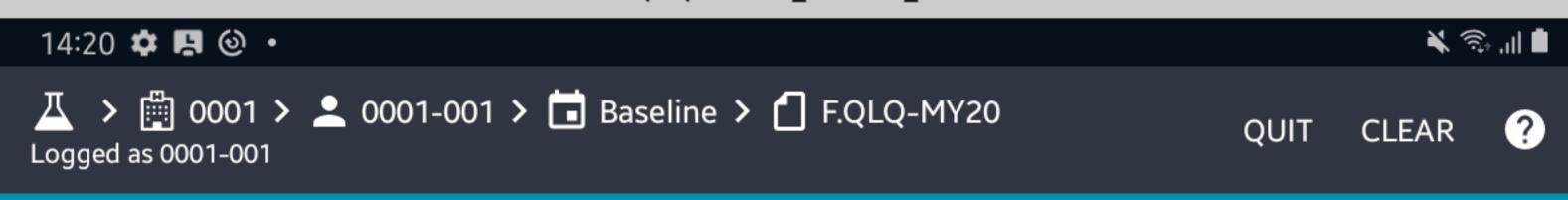
2 A Little

3 Quite a Bit

4 Very Much

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36. If you had pain did it increase with activity?

1 Not at All

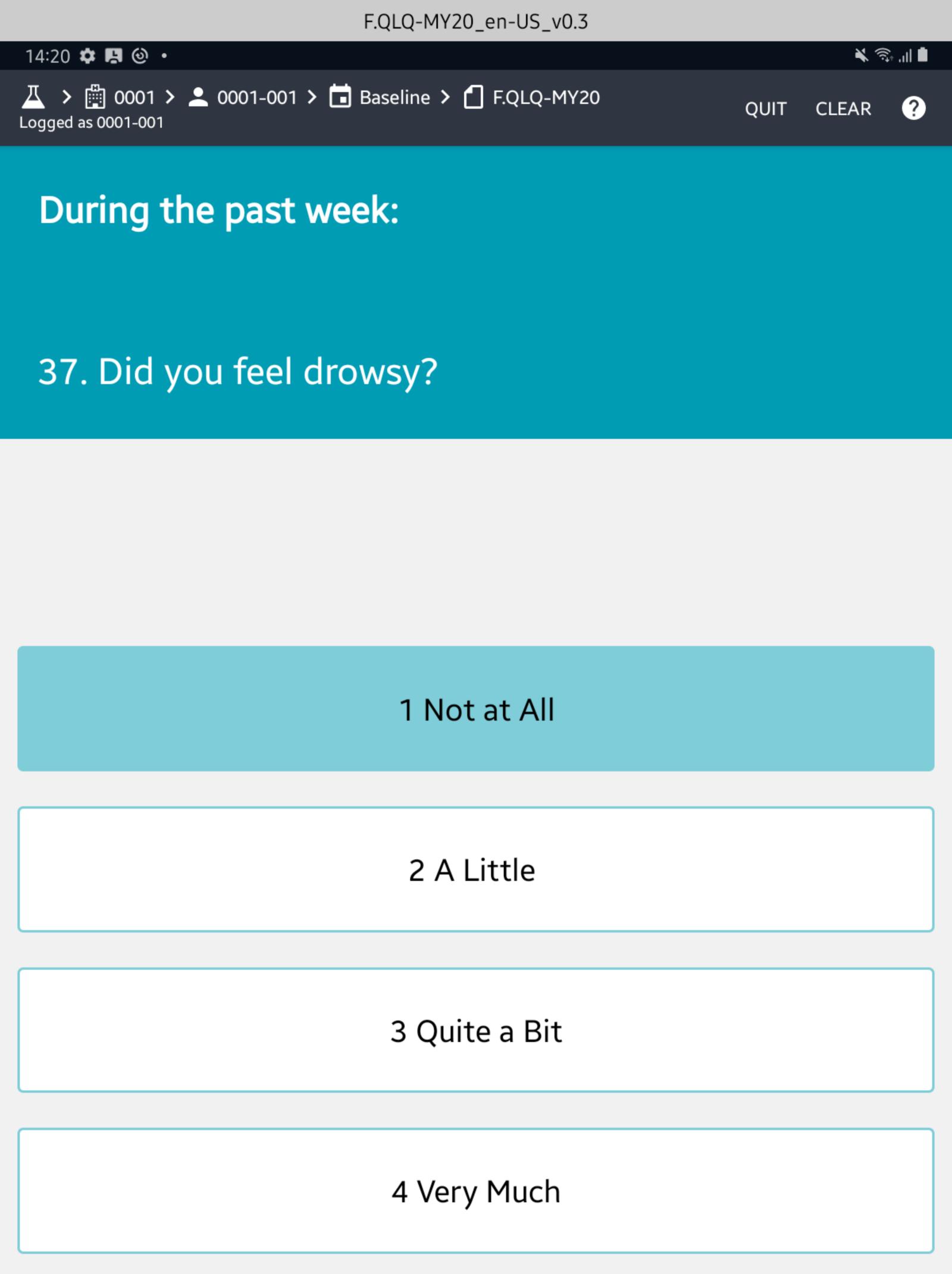
2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS NEXT >

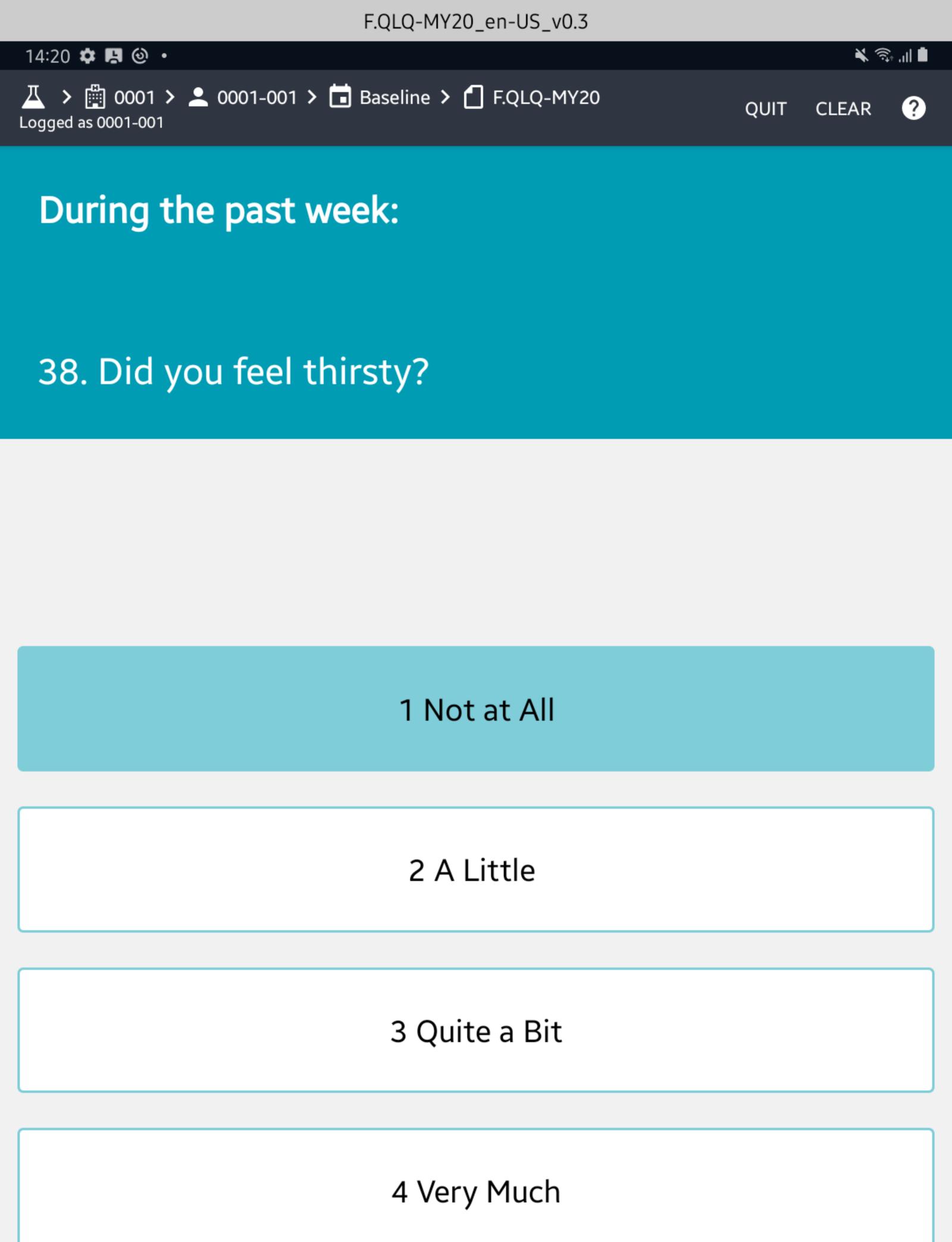
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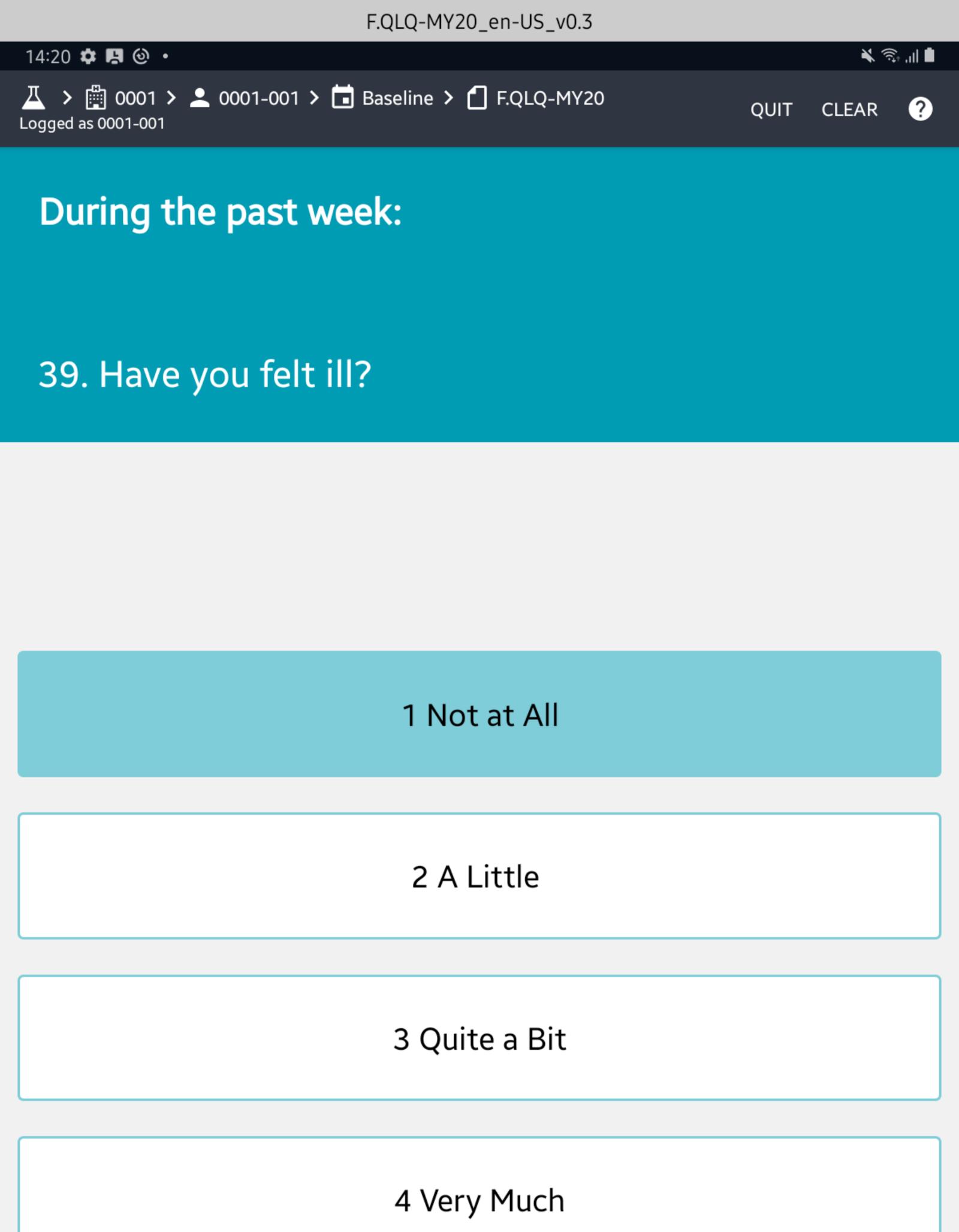
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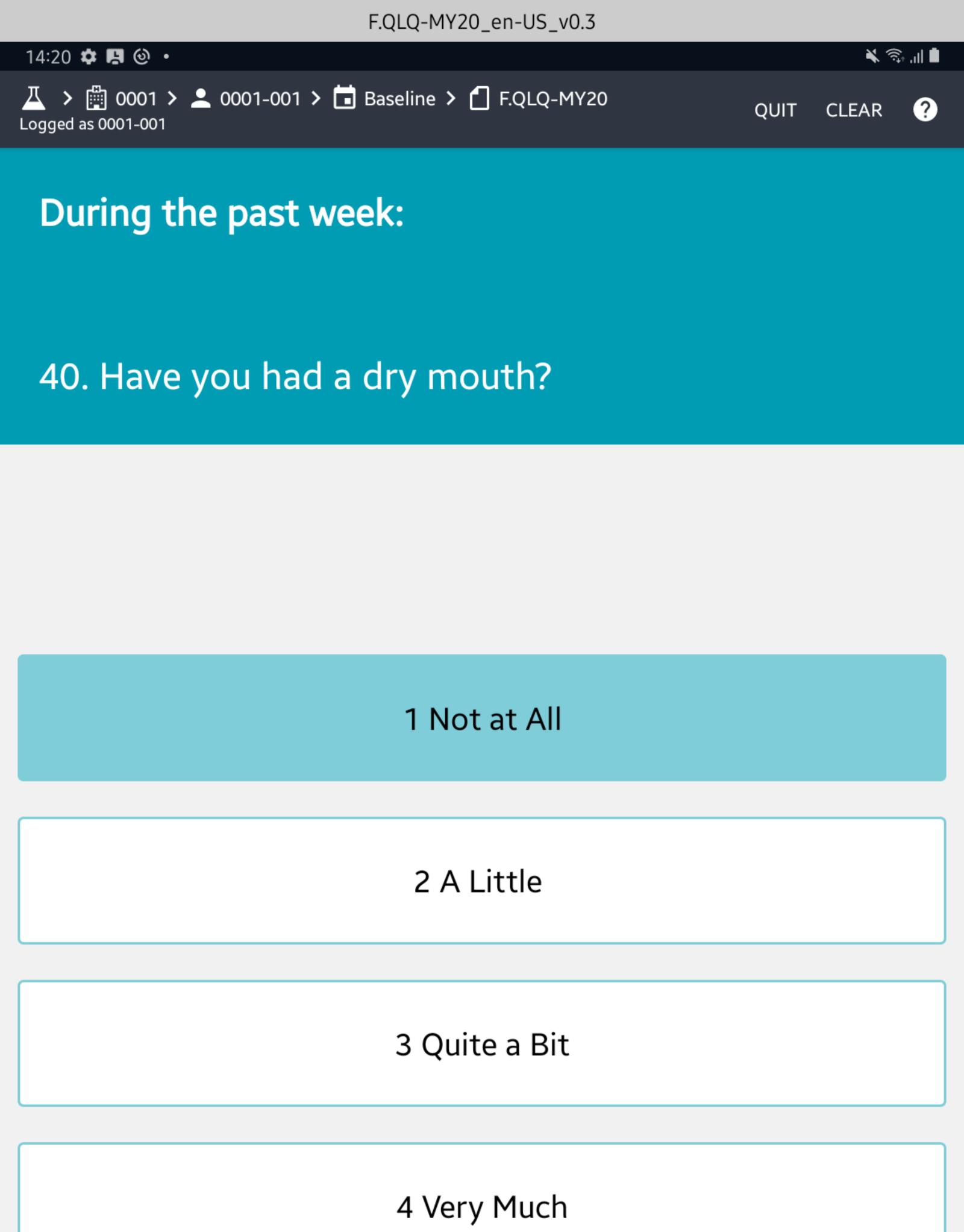


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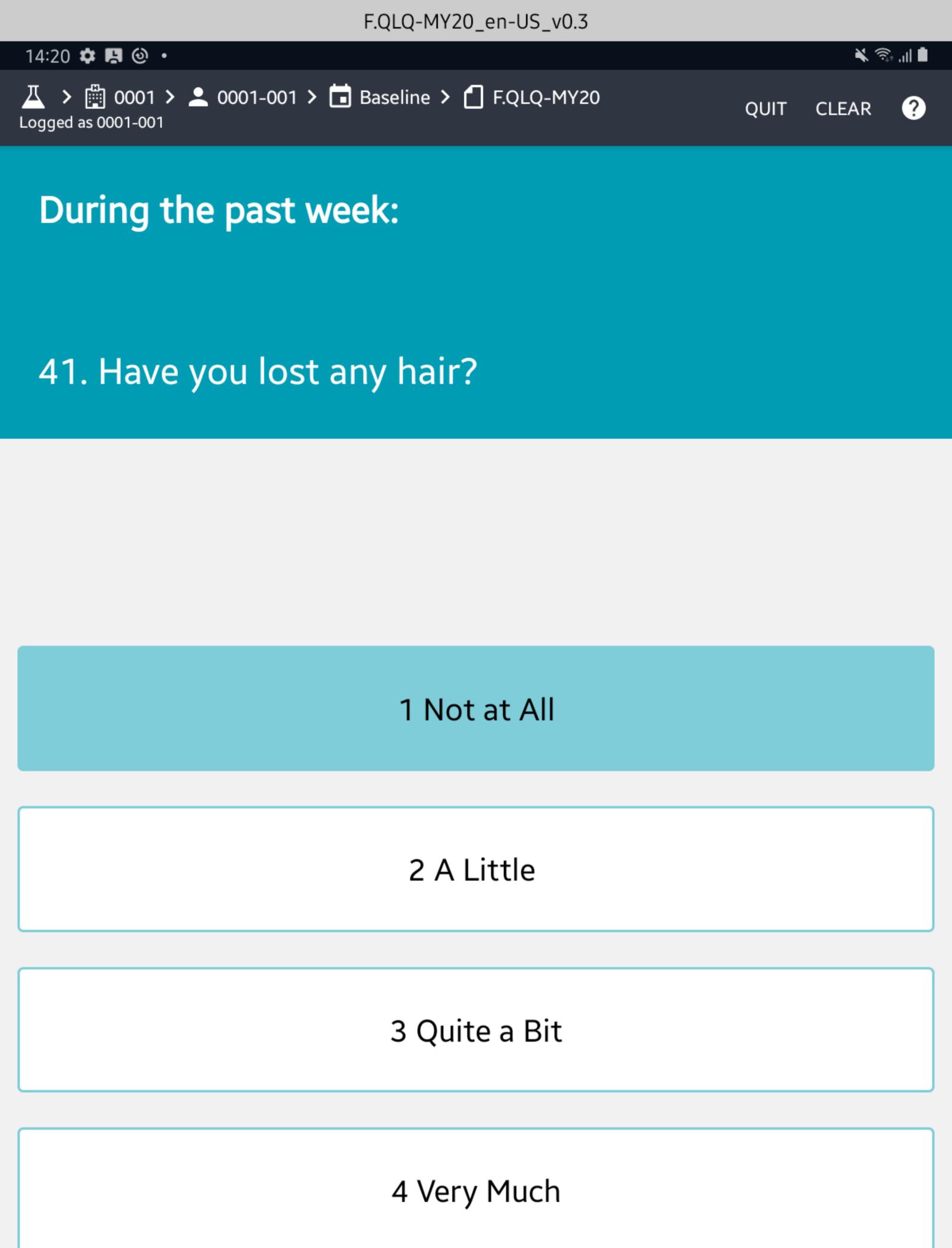
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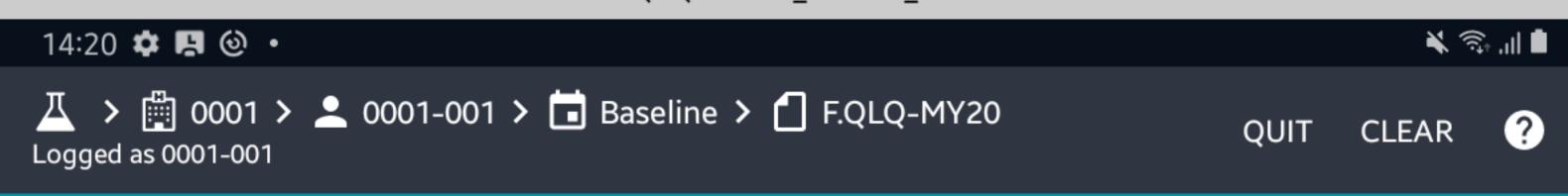


< PREVIOUS NEXT >

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42. Answer this question only if you lost any hair: Were you upset by the loss of your hair?

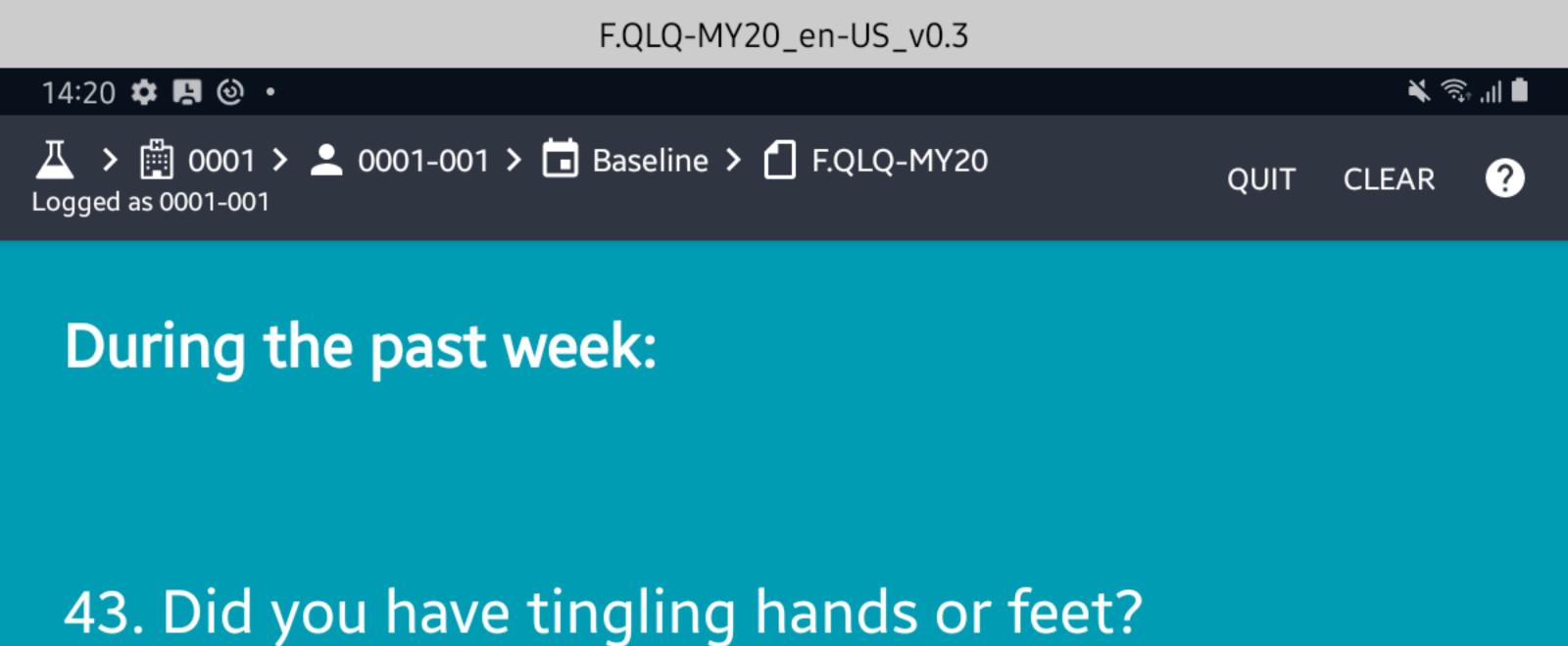
1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

PREVIOUS
 NEXT >



1 Not at All

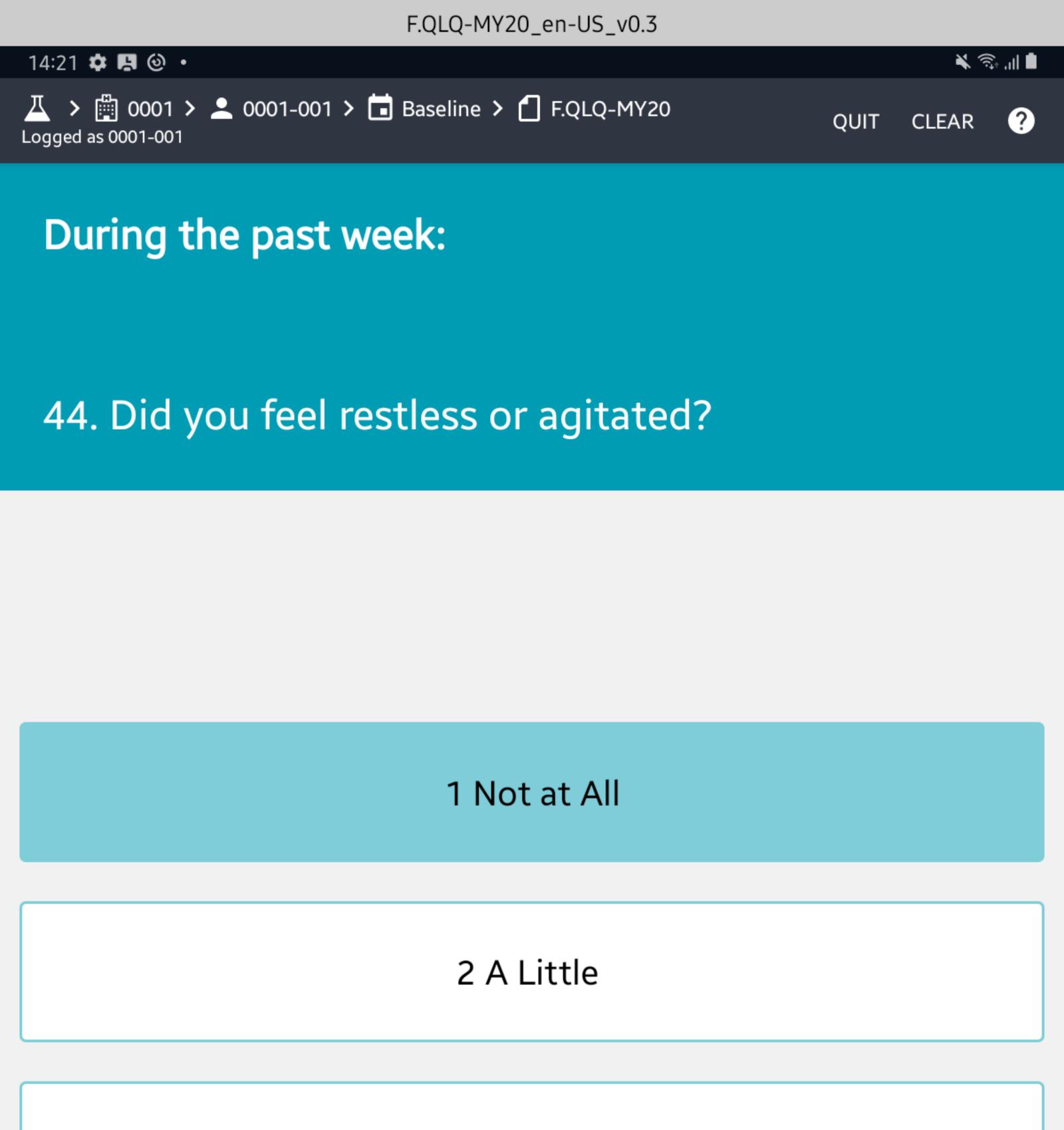
2 A Little

3 Quite a Bit

4 Very Much

PREVIOUS
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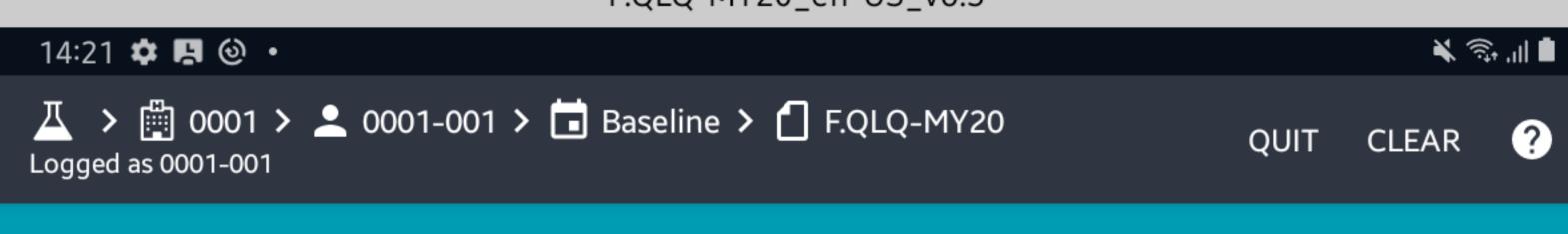
3 Quite a Bit

4 Very Much

NEXT >

< PREVIOUS

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45. Have you had acid indigestion or heartburn?

1 Not at All

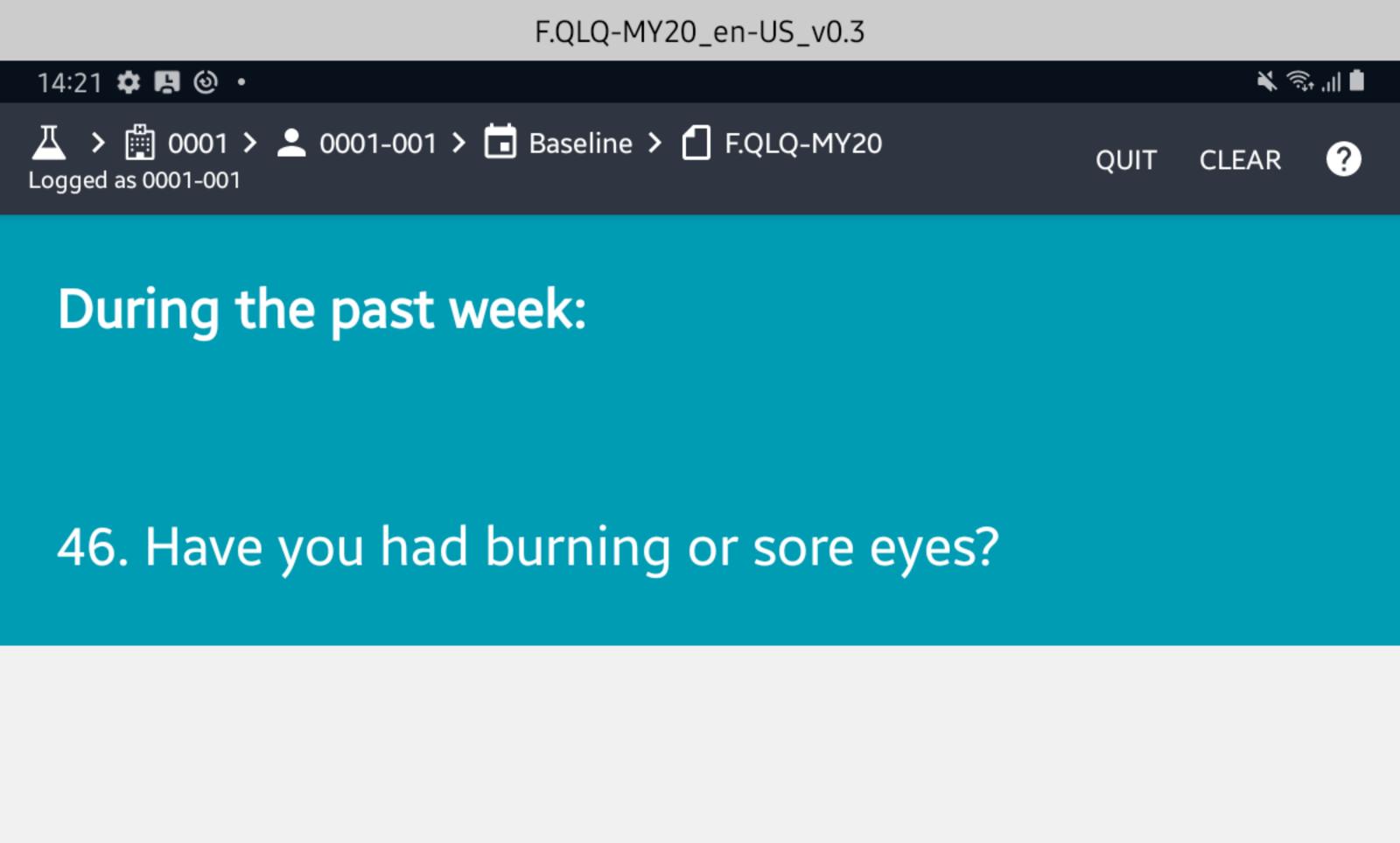
2 A Little

3 Quite a Bit

4 Very Much

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 NEXT >

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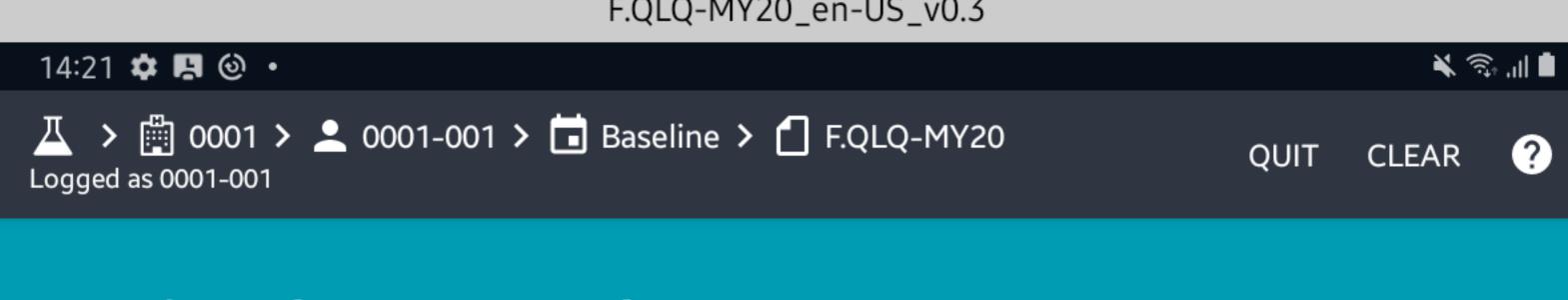
2 A Little

3 Quite a Bit

4 Very Much

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 NEXT >

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47. Have you felt physically less attractive as a result of your disease or treatment?

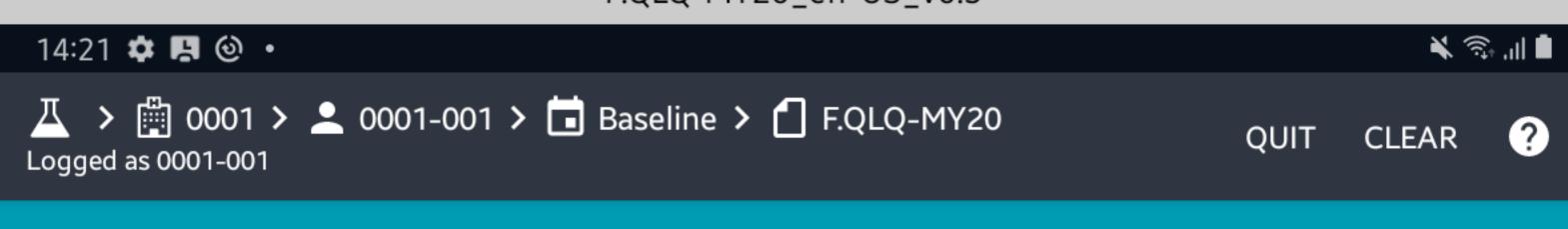
1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS NEXT >



48. Have you been thinking about your illness?

1 Not at All

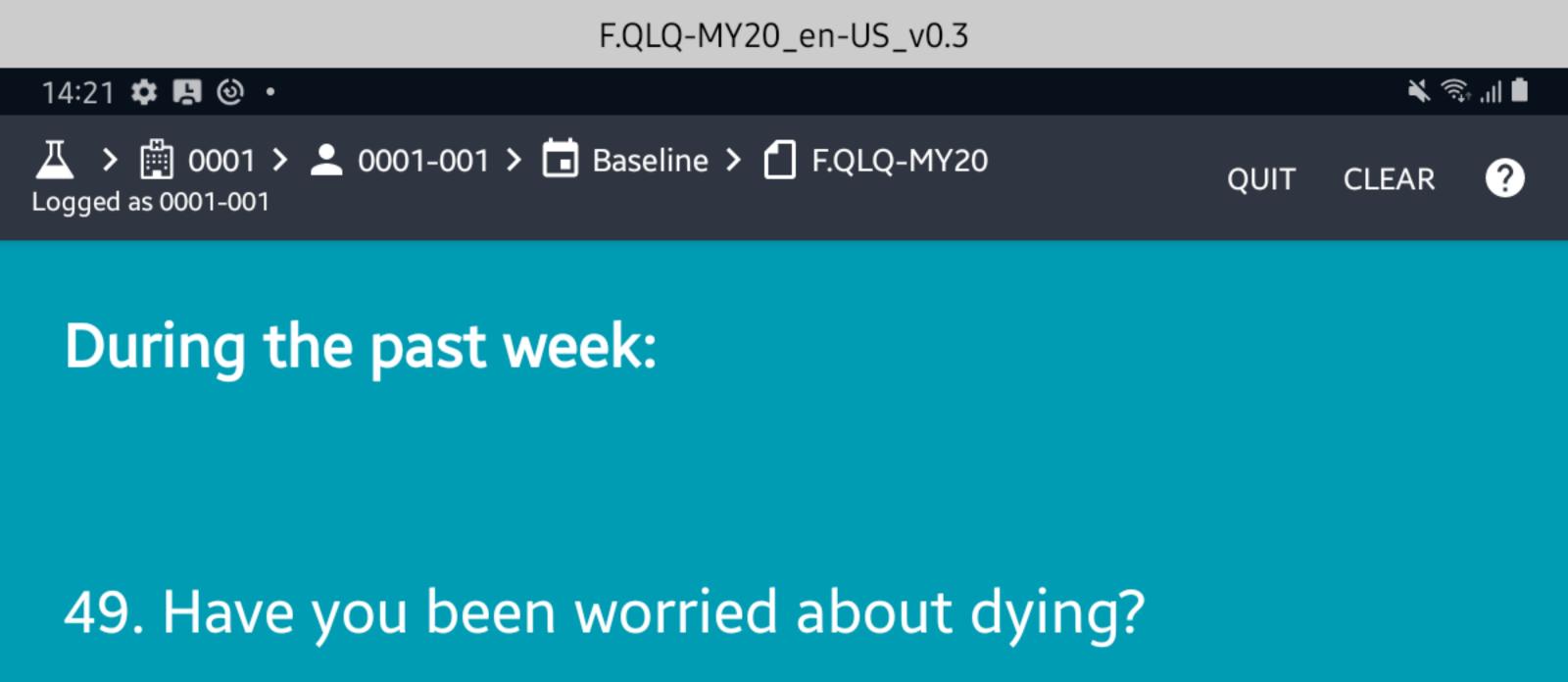
2 A Little

3 Quite a Bit

4 Very Much

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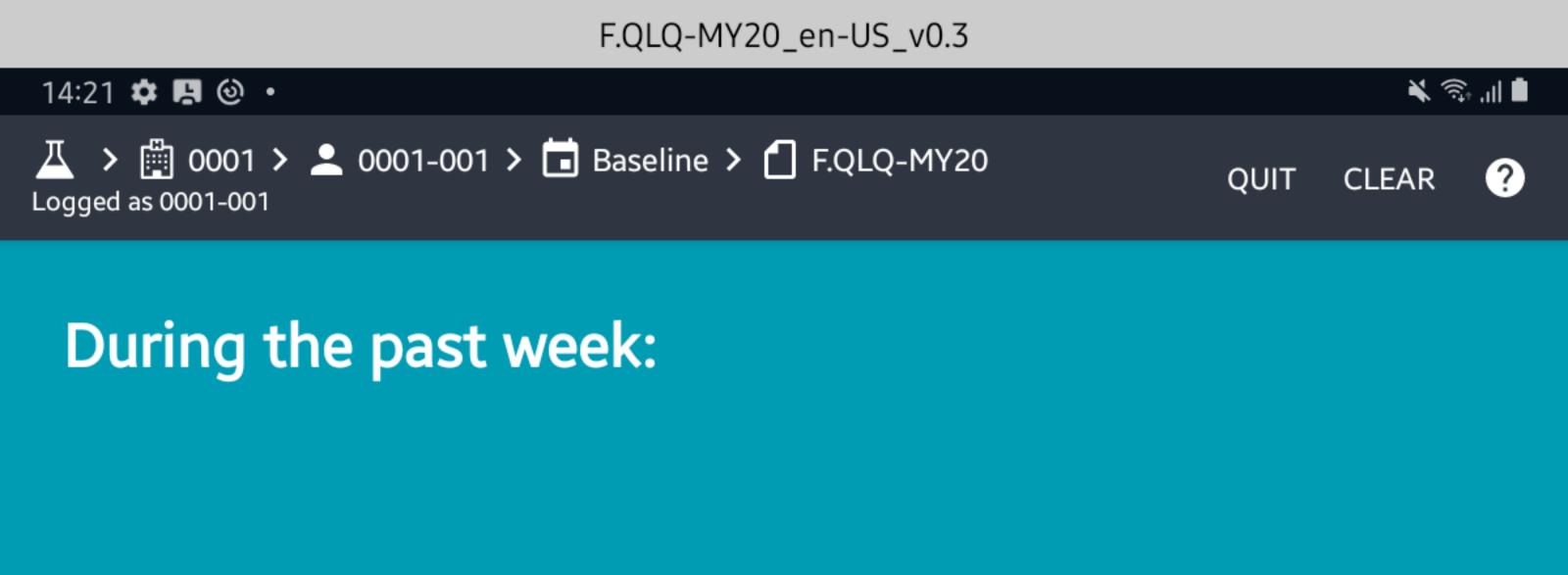
1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

F



50. Have you worried about your health in the future?

1 Not at All

2 A Little

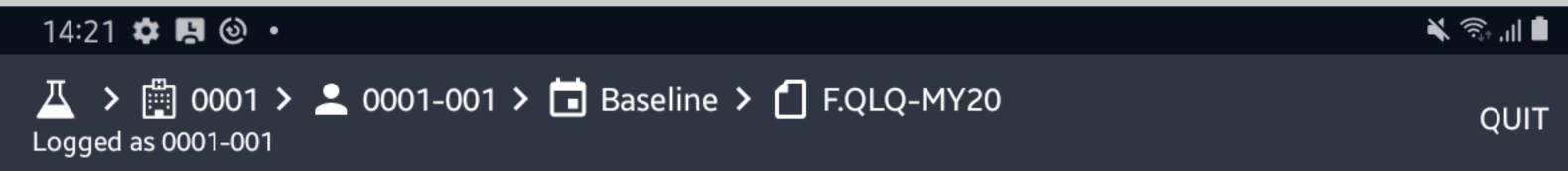
3 Quite a Bit

4 Very Much

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< PREVIOUS NEXT >

F



Thank you for completing the questionnaire.

If you want to review or change your answers, please select the **PREVIOUS** button below.

Once you select the **FINISH** button you will no longer be able to review or change your answers.

< PREVIOUS FINISH >

Thank you! You have completed all the questionnaires.

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| | |

EXIT



Layout file F.QLQ-MY20.json (version 1)

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Android version 10

eCOA version 3.13.0

Font file SamsungSans-Regular.ttf

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