



## EORTC QLQ-C30 (version 3)

We are interested in some things about you and your health. Please answer all of the questions yourself by selecting the answer that best applies to you. There are no "right" or "wrong" answers. The information that you provide will remain strictly confidential.

**ENGLISH**

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NEXT >

1. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

1. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

1. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?

Do you want to quit this questionnaire? If so, all your answers will be saved. Please confirm you want to quit.

CANCEL

QUIT

3 Quite a Bit

4 Very Much

1. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?

## 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.

[CLOSE](#)

1. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?

This question is mandatory. Please provide an answer.

OK

3 Quite a Bit

4 Very Much

2. Do you have any trouble taking a long walk?

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 of the house?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much



4. Do you need to stay in bed or a chair during the day?

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?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

6. Were you limited in doing either your work or other daily activities?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS

NEXT >

During the past week:

7. Were you limited in pursuing your hobbies or other leisure time activities?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

8. Were you short of breath?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

9. Have you had pain?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS

NEXT >

During the past week:

10. Did you need to rest?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

11. Have you had trouble sleeping?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS

NEXT >



During the past week:

12. Have you felt weak?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS

NEXT >

During the past week:

13. Have you lacked appetite?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

14. Have you felt nauseated?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS

NEXT >

During the past week:

15. Have you vomited?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS

NEXT >

During the past week:

16. Have you been constipated?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS

NEXT >

During the past week:

17. Have you had diarrhea?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS

NEXT >

During the past week:

18. Were you tired?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

19. Did pain interfere with your daily activities?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much



During the past week:

20. Have you had difficulty in concentrating on things, like reading a newspaper or watching television?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS

NEXT >

During the past week:

21. Did you feel tense?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

22. Did you worry?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

23. Did you feel irritable?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS

NEXT >

During the past week:

24. Did you feel depressed?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS

NEXT >

During the past week:

25. Have you had difficulty remembering things?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

26. Has your physical condition or medical treatment interfered with your family life?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS

NEXT >

During the past week:

27. Has your physical condition or medical treatment interfered with your social activities?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

< PREVIOUS

NEXT >



During the past week:

28. Has your physical condition or medical treatment caused you financial difficulties?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

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

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

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



Very Poor



Excellent

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

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

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



Very Poor



Excellent

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

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

Do you want to quit this questionnaire? If so, all your answers will be saved. Please confirm you want to quit.

CANCEL

QUIT

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

▲  
Very Poor

▲  
Excellent

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

## Help

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[CLOSE](#)

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

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

This question is mandatory. Please provide an answer.

OK

  
Very Poor

  
Excellent

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

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

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



Very Poor



Excellent

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< PREVIOUS

NEXT >

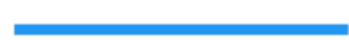


Thank you for completing your questionnaire.

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.

&lt; PREVIOUS



FINISH &gt;





Baseline



Questionnaire completed

Logged as UserName

Thank you! You have completed all the questionnaires.

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EXIT



**Technical information**  
*this screen will not be displayed*

Layout file	<b>F.QLQC30.json (version 1)</b>
Language code	<b>en-US (version 0.1)</b>
Model number	<b>SM-T295</b>
Android version	<b>10</b>
eCOA version	<b>3.13.1</b>
Font file	<b>SamsungSans-Regular.ttf</b>
Font scale	<b>1.0</b>
Date	<b>September 29, 2021 17:37</b>
Timezone	<b>Europe/Paris (GMT+2:00)</b>