



EORTC QLQ – MY20

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 >

During the past week:

31. Have you had bone aches or pain?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

31. Have you had bone aches or pain?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

31. Have you had bone aches or pain?

Do you confirm you want to skip this question?

CANCEL I CONFIRM

3 Quite a Bit

4 Very Much

During the past week:

31. Have you had bone aches or pain?

1 Not at All

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

CANCEL QUIT

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

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.

[CLOSE](#)

4 Very Much

During the past week:

32. Have you had pain in your back?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

33. Have you had pain in your hip?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

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

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

35. Have you had pain in your chest?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

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

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

37. Did you feel drowsy?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

38. Did you feel thirsty?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

39. Have you felt ill?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

40. Have you had a dry mouth?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

41. Have you lost any hair?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

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

During the past week:

43. Did you have tingling hands or feet?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

44. Did you feel restless or agitated?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

45. Have you had acid indigestion or heartburn?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

46. Have you had burning or sore eyes?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

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

During the past week:

48. Have you been thinking about your illness?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

49. Have you been worried about dying?

1 Not at All

2 A Little

3 Quite a Bit

4 Very Much

During the past week:

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 >



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.

 >  0001 >  0001-001 >  Baseline >  Questionnaire completed

Logged as 0001-001

Thank you! You have completed all the questionnaires.

EXIT



Technical information
this screen will not be displayed

Layout file	F.QLQ-MY20.json (version 1)
Language code	en-US (version 0.3)
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Android version	10
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