



EORTC QLQ – EN24

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:	Not at all	A little	Quite a bit	Very much
31. Have you had swelling in one or both legs?	1	2	3	4
32. Have you felt heaviness in one or both legs?	1	2	3	4
33. Have you had pain in your lower back and / or pelvis?	1	2	3	4
34. When you felt the urge to pass urine, did you have to hurry to get to the toilet?	1	2	3	4
35. Have you passed urine frequently?	1	2	3	4
36. Have you had leaking of urine?	1	2	3	4
37. Have you had pain or a burning feeling when passing urine?	1	2	3	4
38. When you felt the urge to move your bowels, did you have to hurry to get to the toilet?	1	2	3	4
39. Have you had any leakage of stools?	1	2	3	4
40. Have you been troubled by passing wind?	1	2	3	4
41. Have you had cramps in your abdomen?	1	2	3	4
42. Have you had a bloated feeling in your abdomen?	1	2	3	4
43. Have you had tingling or numbness in your hands or feet?	1	2	3	4
44. Have you had aches or pains in your muscles or joints?	1	2	3	4
45. Have you lost hair?	1	2	3	4
46. Has food and drink tasted differently from usual?	1	2	3	4

Please go on to the next page

During the past week:

	Not at all	A little	Quite a bit	Very much
47. Have you felt physically less attractive as a result of your disease or treatment?	1	2	3	4
48. Have you felt less feminine as a result of your disease or treatment?	1	2	3	4

During the past 4 weeks:

	Not at all	A little	Quite a bit	Very much
49. To what extent were you interested in sex?	1	2	3	4
50. To what extent were you sexually active?	1	2	3	4

Answer these questions only if you have been sexually active during the past 4 weeks:

51. Has your vagina felt dry during sexual activity?	1	2	3	4
52. Has your vagina felt short and / or tight?	1	2	3	4
53. Have you had pain during sexual intercourse or other sexual activity?	1	2	3	4
54. Was sexual activity enjoyable for you?	1	2	3	4