



## EORTC QLQ – STO22

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<br/>All</b> | <b>A<br/>Little</b> | <b>Quite<br/>a Bit</b> | <b>Very<br/>Much</b> |
|--|-----------------------|---------------------|------------------------|----------------------|
| 31. Have you had problems eating solid foods?  | 1                     | 2                   | 3                      | 4                    |
| 32. Have you had problems eating liquidised or soft foods?   | 1                     | 2                   | 3                      | 4                    |
| 33. Have you had problems drinking liquids?  | 1                     | 2                   | 3                      | 4                    |
| 34. Have you had discomfort when eating?   | 1                     | 2                   | 3                      | 4                    |
| 35. Have you had pain in your stomach area?  | 1                     | 2                   | 3                      | 4                    |
| 36. Have you had discomfort in your stomach area?  | 1                     | 2                   | 3                      | 4                    |
| 37. Did you have a bloated feeling in your abdomen?  | 1                     | 2                   | 3                      | 4                    |
| 38. Have you had trouble with acid or bile coming into your mouth?                                     | 1                     | 2                   | 3                      | 4                    |
| 39. Have you had acid indigestion or heartburn?  | 1                     | 2                   | 3                      | 4                    |
| 40. Have you had trouble with belching?  | 1                     | 2                   | 3                      | 4                    |
| 41. Have you felt full up too quickly after beginning to eat?  | 1                     | 2                   | 3                      | 4                    |
| 42. Have you had trouble enjoying your meals?  | 1                     | 2                   | 3                      | 4                    |
| 43. Has it taken you a long time to complete your meals?   | 1                     | 2                   | 3                      | 4                    |
| 44. Have you had a dry mouth?  | 1                     | 2                   | 3                      | 4                    |
| 45. Did food and drink taste different from usual?   | 1                     | 2                   | 3                      | 4                    |
| 46. Have you had trouble with eating in front of other people?   | 1                     | 2                   | 3                      | 4                    |
| 47. Have you been thinking about your illness?   | 1                     | 2                   | 3                      | 4                    |
| 48. Have you worried about your weight being too low?  | 1                     | 2                   | 3                      | 4                    |
| 49. Have you felt physically less attractive as a result of your disease or treatment?                 | 1                     | 2                   | 3                      | 4                    |
| 50. Have you worried about your health in the future?  | 1                     | 2                   | 3                      | 4                    |
| 51. Have you lost any hair?  | 1                     | 2                   | 3                      | 4                    |
| 52. Answer this question only if you lost any hair:<br>If so, were you upset by the loss of your hair? | 1                     | 2                   | 3                      | 4                    |