Quality of Life – Cervical and Vaginal Cancer

REGISTRY ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐

FORM CODE: FCV
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Event ☐☐ SEQ # ☐☐

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

Instructions: Enter the answer given by the participant for each response.

*The next questions I am going to ask you are about problems that you may or may not have experienced over the **past 7 days**. I will read you a statement and would like you to tell me how this applies to you by answering not at all, a little bit, somewhat, quite a bit, or very much. Please remember when answering, we are interested in the **past 7 days**.*

1. You were bothered by discharge or bleeding from your vagina..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
2. You were bothered by odor coming from your vagina..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
3. You were afraid to have sex..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
4. You felt sexually attractive. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
5. Your vagina felt too narrow or short. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
6. You had concerns about your ability to have children. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
7. You were afraid the treatment may harm your body..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
8. You were interested in sex..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
9. You liked the appearance of your body..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
10. You were bothered by constipation..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

11. You had a good appetite. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

12. You had trouble controlling your urine. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

13. It burned when you urinated. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

14. You had discomfort when you urinated. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

15. You were able to eat the foods that you like. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

16. You were bothered by discharge or bleeding from your vulva. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

17. You were bothered by odor coming from your vulva. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

18. You were bothered by swelling/fluid in your legs. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

19. You were bothered by discomfort in your groin or legs. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

20. You were bothered by itching/burning in your vulva area. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

21. You were bothered by pain or numbness in your vulva area. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

22. You had trouble bending. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

23. You had discomfort when you were sitting. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

24. You were bothered by wearing compression stockings. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much