Quality of Life – Hepatobiliary Cancer

REGISTRY ID:													FORM CODE: FAHA VERSION:A 04/12/11	Event			SEQ #		

ADMINISTRATIVE INFORMATION

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

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

*We have just a few more questions to ask you. 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**.*

During the past 7 days….

1. You had swelling or cramps in your stomach area. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
2. You were losing weight..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
3. You had control of your bowels. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
4. You could digest your food well. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
5. You had diarrhea (diarrhoea). ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
6. You had a good appetite. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
7. You were unhappy about a change in your appearance..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
8. You had pain in your back. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
9. You were bothered by constipation. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
10. You felt fatigued. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

11. You were able to do your usual activities. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

12. You were bothered by jaundice or yellow color to your skin. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

13. You had fevers (episodes of high body temperature). ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

14. You had itching. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

15. You had a change in the way food tasted. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

16. You had chills. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

17. Your mouth was dry. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

18. You had discomfort or pain in your stomach area ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

Pancreatic Cancer Symptoms

REGISTRY ID:													FORM CODE: EOPA VERSION:A 04/12/11	Event			SEQ #		

ADMINISTRATIVE INFORMATION

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

Instructions: Enter the answer given by the participant for each response by marking one box per row.

Now, I will ask you about symptoms you may be experiencing. Please, for all symptoms, indicate to what extent you have been bothered by it using the responses not at all, a little, quite a bit, or very much. Please remember when answering, we are interested in the ***past week****.*

1. Did you have pain during the night?.....	☐ Not at all	☐ A little	☐ Quite a bit	☐ Very much
2. Did you find it uncomfortable in certain positions (e.g. lying down)?.....	☐ Not at all	☐ A little bit	☐ Quite a bit	☐ Very much
3. Were you restricted in the types of food you can eat as a result of your disease or treatment?.....	☐ Not at all	☐ A little bit	☐ Quite a bit	☐ Very much
4. Were you restricted in the amounts of food you could eat as a result of your disease or treatment?.....	☐ Not at all	☐ A little bit	☐ Quite a bit	☐ Very much
5. Were you bothered by gas (flatulence)?.....	☐ Not at all	☐ A little bit	☐ Quite a bit	☐ Very much
6. Did you feel weak in your arms and legs?.....	☐ Not at all	☐ A little bit	☐ Quite a bit	☐ Very much

Hepatic Cancer Symptoms

REGISTRY ID:													FORM CODE: EOHA VERSION:A 04/12/11	Event			SEQ #		

ADMINISTRATIVE INFORMATION

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

Instructions: Enter the answer given by the participant for each response by marking one box per row.

Now, I will ask you about symptoms you may be experiencing. Please, for all symptoms, indicate to what extent you have been bothered by it using the responses not at all, a little, quite a bit, or very much. Please remember when answering, we are interested in the ***past week****.*

	Not at all	A little	Quite a bit	Very much
1. Did you feel thirsty?.....	☐	☐	☐	☐
2. Have you been concerned about the appearance of your abdomen?.....	☐	☐	☐	☐
3. Have you had pain in your shoulder?.....	☐	☐	☐	☐
4. Have you felt full too quickly after beginning to eat?.....	☐	☐	☐	☐
5. Have you needed to sleep during the day?.....	☐	☐	☐	☐

	Not at all	A little bit	Quite a bit	Very much
2. Have you been concerned about the appearance of your abdomen?.....	☐	☐	☐	☐
3. Have you had pain in your shoulder?.....	☐	☐	☐	☐
4. Have you felt full too quickly after beginning to eat?.....	☐	☐	☐	☐
5. Have you needed to sleep during the day?.....	☐	☐	☐	☐