

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..... | <input type="checkbox"/> |
| | Not at all | A little bit | Somewhat | Quite a bit | Very much |
| 2. You were losing weight..... | <input type="checkbox"/> |
| | Not at all | A little bit | Somewhat | Quite a bit | Very much |
| 3. You had control of your bowels..... | <input type="checkbox"/> |
| | Not at all | A little bit | Somewhat | Quite a bit | Very much |
| 4. You could digest your food well. | <input type="checkbox"/> |
| | Not at all | A little bit | Somewhat | Quite a bit | Very much |
| 5. You had diarrhea (diarrhoea)..... | <input type="checkbox"/> |
| | Not at all | A little bit | Somewhat | Quite a bit | Very much |
| 6. You had a good appetite..... | <input type="checkbox"/> |
| | Not at all | A little bit | Somewhat | Quite a bit | Very much |
| 7. You were unhappy about a change in your appearance..... | <input type="checkbox"/> |
| | Not at all | A little bit | Somewhat | Quite a bit | Very much |
| 8. You had pain in your back. | <input type="checkbox"/> |
| | Not at all | A little bit | Somewhat | Quite a bit | Very much |
| 9. You were bothered by constipation..... | <input type="checkbox"/> |
| | Not at all | A little bit | Somewhat | Quite a bit | Very much |
| 10. You felt fatigued..... | <input type="checkbox"/> |
| | Not at all | A little bit | Somewhat | Quite a bit | Very much |

