

CANCER MIC

Total Core Items		214
Disease Specific for Cancer		
Cancer QLQ-C30		30
Overall Total		244

CANCER QLQ C-30

	Not at All	A Little	Quite a Bit	Very Much
Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a	1	2	3	4
Do you have any trouble taking a <u>long</u> walk?	1	2	3	4
Do you have any trouble taking a <u>short</u> walk outside of the house?	1	2	3	4
Do you need to stay in bed or a chair during the day?	1	2	3	4
Do you need help with eating, dressing, washing yourself or using the toilet?	1	2	3	4
During the past week:				
Were you limited in doing either your work or other daily activities?	1	2	3	4
Were you limited in pursuing your hobbies or other leisure time activities?	1	2	3	4
Were you short of breath?	1	2	3	4
Have you had pain?	1	2	3	4
Did you need to rest?	1	2	3	4
Have you had trouble sleeping?	1	2	3	4
Have you felt weak?	1	2	3	4
Have you lacked appetite?	1	2	3	4
Have you felt nauseated?	1	2	3	4
Have you vomited?	1	2	3	4
Have you been constipated?	1	2	3	4
During the past week:				
Have you had diarrhea?	1	2	3	4
Were you tired?	1	2	3	4
Did pain interfere with your daily activities?	1	2	3	4
Have you had difficulty in concentrating on things, like reading a newspaper or watching	1	2	3	4
Did you feel tense?	1	2	3	4
Did you worry?	1	2	3	4
Did you feel irritable?	1	2	3	4
Did you feel depressed?	1	2	3	4
Have you had difficulty remembering things?	1	2	3	4
Has your physical condition or medical treatment interfered with your family life?	1	2	3	4
Has your physical condition or medical treatment interfered with your <u>social</u> activities?	1	2	3	4
Has your physical condition or medical treatment caused you financial difficulties?	1	2	3	4

For the following questions please circle the number between 1 and 7 that best applies to you

29. How would you rate your overall health during the past week?

1 2 3 4 5 6 7

Very poor Excellent

30. How would you rate your overall quality of life during the past week?

1 2 3 4 5 6 7

Very poor Excellent