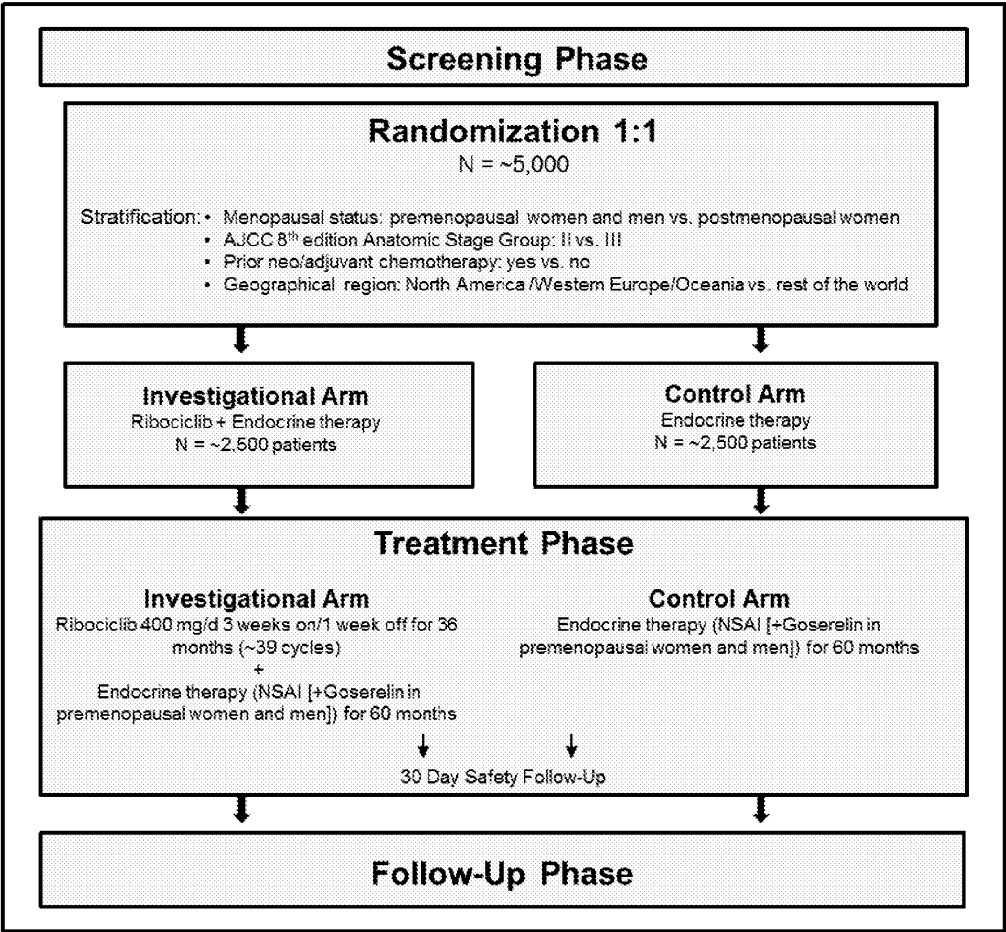


FIG. 1



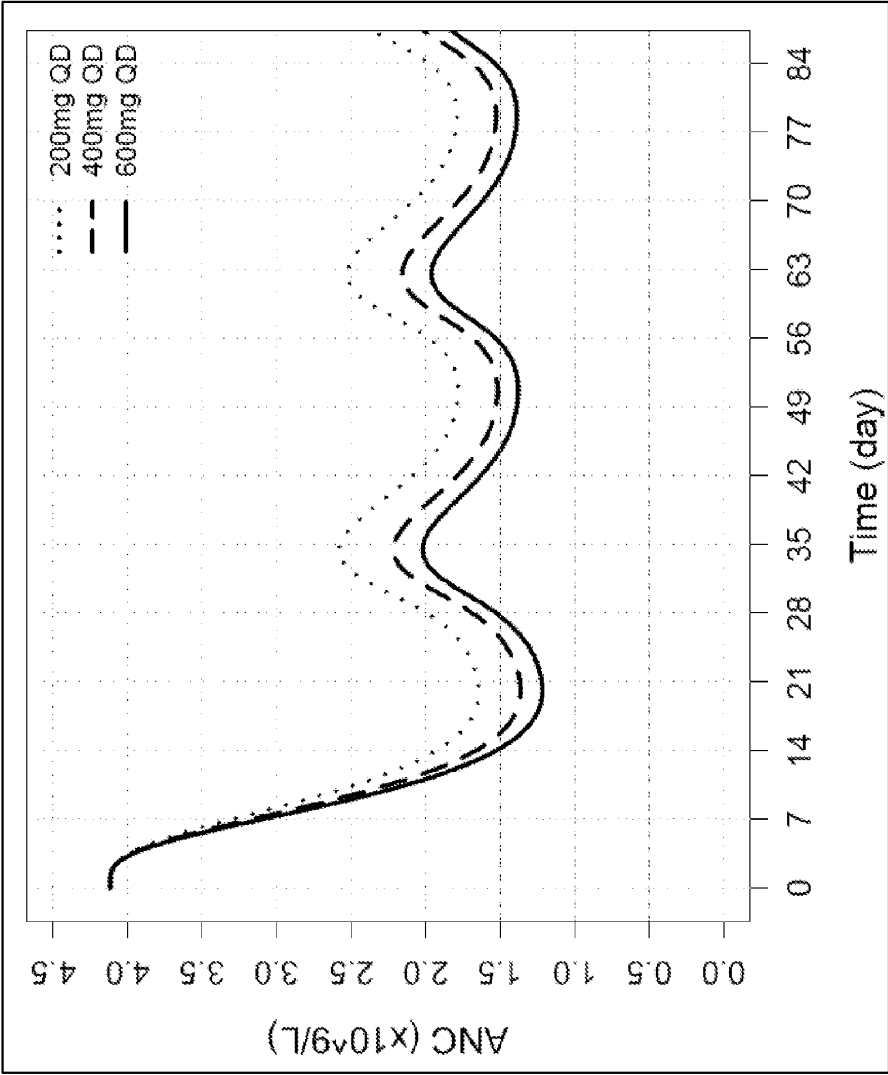


FIG. 2

FIG. 3

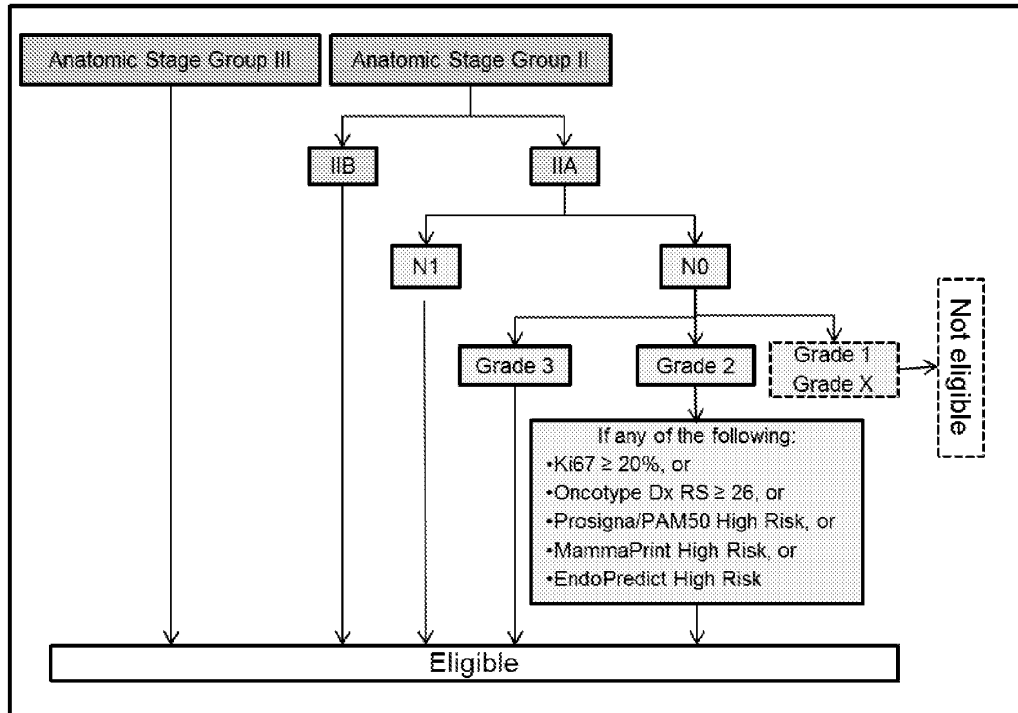


FIG. 4

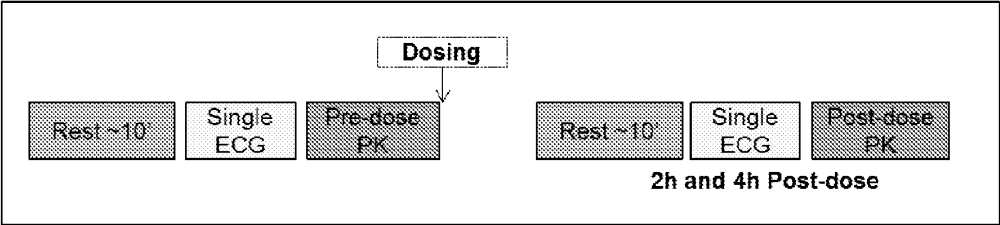


FIG. 5

FIG. 5A



EORTC QLQ-C30 (version 3)

We are interested in some things about you and your health. Please answer all of the questions yourself by circling the number that best applies to you. There are no "right" or "wrong" answers. The information that you provide will remain strictly confidential.

Please fill in your initials:

Your birthdate (Day, Month, Year):

Today's date (Day, Month, Year):

31

	Not at All	A Little	Quite a Bit	Very Much
1. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?	1	2	3	4
2. Do you have any trouble taking a <u>long</u> walk?	1	2	3	4
3. Do you have any trouble taking a <u>short</u> walk outside of the house?	1	2	3	4
4. Do you need to stay in bed or a chair during the day?	1	2	3	4
5. Do you need help with eating, dressing, washing yourself or using the toilet?	1	2	3	4

During the past week:

	Not at All	A Little	Quite a Bit	Very Much
6. Were you limited in doing either your work or other daily activities?	1	2	3	4
7. Were you limited in pursuing your hobbies or other leisure time activities?	1	2	3	4
8. Were you short of breath?	1	2	3	4
9. Have you had pain?	1	2	3	4
10. Did you need to rest?	1	2	3	4
11. Have you had trouble sleeping?	1	2	3	4
12. Have you felt weak?	1	2	3	4
13. Have you lacked appetite?	1	2	3	4
14. Have you felt nauseated?	1	2	3	4
15. Have you vomited?	1	2	3	4
16. Have you been constipated?	1	2	3	4

Please go on to the next page

FIG. 5 (cont'd)

████████████████████

During the past week:	Not at All	A Little	Quite a Bit	Very Much
17. Have you had diarrhea?	1	2	3	4
18. Were you tired?	1	2	3	4
19. Did pain interfere with your daily activities?	1	2	3	4
20. Have you had difficulty in concentrating on things, like reading a newspaper or watching television?	1	2	3	4
21. Did you feel tense?	1	2	3	4
22. Did you worry?	1	2	3	4
23. Did you feel irritable?	1	2	3	4
24. Did you feel depressed?	1	2	3	4
25. Have you had difficulty remembering things?	1	2	3	4
26. Has your physical condition or medical treatment interfered with your <u>family</u> life?	1	2	3	4
27. Has your physical condition or medical treatment interfered with your <u>social</u> activities?	1	2	3	4
28. 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

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

1 2 3 4 5 6 7

Very good

Exponent

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

Year	1990	1991	1992	1993	1994	1995
1990	1990	1991	1992	1993	1994	1995

१. प्रश्न

Exercises

FIG. 6

**EORTC QLQ - BR23**

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.

During the past week:	Not at All	A Little	Quite a Bit	Very Much
31. Did you have a dry mouth?	1	2	3	4
32. Did food and drink taste different than usual?	1	2	3	4
33. Were your eyes painful, irritated or watery?	1	2	3	4
34. Have you lost any hair?	1	2	3	4
35. Answer this question only if you had any hair loss: Were you upset by the loss of your hair?	1	2	3	4
36. Did you feel ill or unwell?	1	2	3	4
37. Did you have hot flushes?	1	2	3	4
38. Did you have headaches?	1	2	3	4
39. Have you felt physically less attractive as a result of your disease or treatment?	1	2	3	4
40. Have you been feeling less feminine as a result of your disease or treatment?	1	2	3	4
41. Did you find it difficult to look at yourself naked?	1	2	3	4
42. Have you been dissatisfied with your body?	1	2	3	4
43. Were you worried about your health in the future?	1	2	3	4
During the past <u>four</u> weeks:	Not at All	A Little	Quite a Bit	Very Much
44. To what extent were you interested in sex?	1	2	3	4
45. To what extent were you sexually active? (with or without intercourse)	1	2	3	4
46. Answer this question only if you have been sexually active: To what extent was sex enjoyable for you?	1	2	3	4

Please go on to the next page

FIG. 6 (cont'd)

During the past week:		Not at All	A Little	Quite a Bit	Very Much
47.	Did you have any pain in your arm or shoulder?	1	2	3	4
48.	Did you have a swollen arm or hand?	1	2	3	4
49.	Was it difficult to raise your arm or to move it sideways?	1	2	3	4
50.	Have you had any pain in the area of your affected breast?	1	2	3	4
51.	Was the area of your affected breast swollen?	1	2	3	4
52.	Was the area of your affected breast oversensitive?	1	2	3	4
53.	Have you had skin problems on or in the area of your affected breast (e.g., itchy, dry, flaky)?	1	2	3	4

FIG. 7

	
EQ-5D-5L Tablet version	Country (Language) Health Questionnaire Version (Target Language) Version (English)
English (USA) Health Questionnaire English version for the USA	
Please tap the ONE box that best describes your health TODAY.	Instruction
MOBILITY I have no problems walking I have slight problems walking I have moderate problems walking I have severe problems walking I am unable to walk	Mobility MB1 MB2 MB3 MB4 MB5
SELF-CARE I have no problems washing or dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I am unable to wash or dress myself	Self-care SC1 SC2 SC3 SC4 SC5
USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities) I have no problems doing my usual activities I have slight problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities I am unable to do my usual activities	Usual Activities UA1 UA2 UA3 UA4 UA5
PAIN / DISCOMFORT I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have extreme pain or discomfort	Pain / Discomfort PD1 PD2 PD3 PD4 PD5
ANXIETY / DEPRESSION I am not anxious or depressed I am slightly anxious or depressed I am moderately anxious or depressed I am severely anxious or depressed I am extremely anxious or depressed	Anxiety / Depression AD1 AD2 AD3 AD4 AD5
We would like to know how good or bad your health is TODAY. This scale is numbered from 0 to 100. 100 means the <u>best</u> health you can imagine. 0 means the <u>worst</u> health you can imagine. Please tap on the scale to indicate how your health is TODAY.	Vis. Line 1 Vis. Line 2 Vis. Line 3 Vis. Line 4 Vis. Line 5
The best health you can imagine The worst health you can imagine YOUR HEALTH TODAY	Top Scale Bottom Scale Box Health
Next Previous	button.next button.previous

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Disclaimer: This is a preview of the EQ-5D Instrument. It demonstrates the text, questions and response options included in this version. This preview does not represent the final product and should not be used as an official EQ-5D Instrument.

FIG. 8

Hospital Anxiety and Depression Scale (HADS)

Name: _____ Date: _____

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings he or she will be able to help you more.

This questionnaire is designed to help your clinician to know how you feel. Read each item below and underline the reply which comes closest to how you have been feeling in the past week. Ignore the numbers printed at the edge of the questionnaire.

Don't take too long over your replies, your immediate reaction to each item will probably be more accurate than a long, thought-out response.

FOLD HERE

A	D				A	D
		I feel tense or "wound up"		I feel as if I am slowed down		
3		Most of the time		Nearly all the time		3
2		A lot of the time		Very often		2
1		From time to time, occasionally		Sometimes		1
0		Never		Never		0
		I enjoy the things I used to enjoy		I get a sort of anxious feeling like "butterflies" in the stomach		
0		Definitely		Never		0
1		Not quite so much		Occasionally		1
2		Only a little		Often		2
3		Hardly at all		Very often		3
		I get a sort of frightened feeling as if something awful is about to happen		I have lost interest in my appearance		
3		Very definitely and fairly badly		Definitely		3
2		Yes, but not too badly		Often I don't take as much care as I should		2
1		Sometimes, but it doesn't worry me		Sometimes I don't take as much care as I should		1
0		Never		I take just as much care as ever		0
		I can laugh and see the funny side of things		I feel restless as if I have to be on the move		
0		As much as I always could		Definitely		3
1		Not quite so much now		Quite a lot		2
2		Definitely not so much now		Not very much		1
3		Never		Never		0
		Worrying thoughts go through my mind		I look forward with enjoyment to things		
3		A great deal of the time		As much as I ever have		0
2		A lot of the time		Somewhat less than I used to		1
1		Not too often		Much less than I used to		2
0		Almost never		Rarely		3
		I feel cheerful		I get sudden feelings of panic		
3		Never		Very often		3
2		Not often		Often		2
1		Sometimes		Not very often		1
0		Most of the time		Never		0
		I can sit at ease and feel relaxed		I can enjoy a good book, radio or television program		
0		Always		Often		0
1		Usually		Sometimes		1
2		Not often		Not often		2
3		Never		Very seldom		3

Please make sure you have answered all the questions.

TOTAL

A	D

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HADS - UK/ENG/0001 - Version of 15 Apr 08 - Single
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FIG. 9

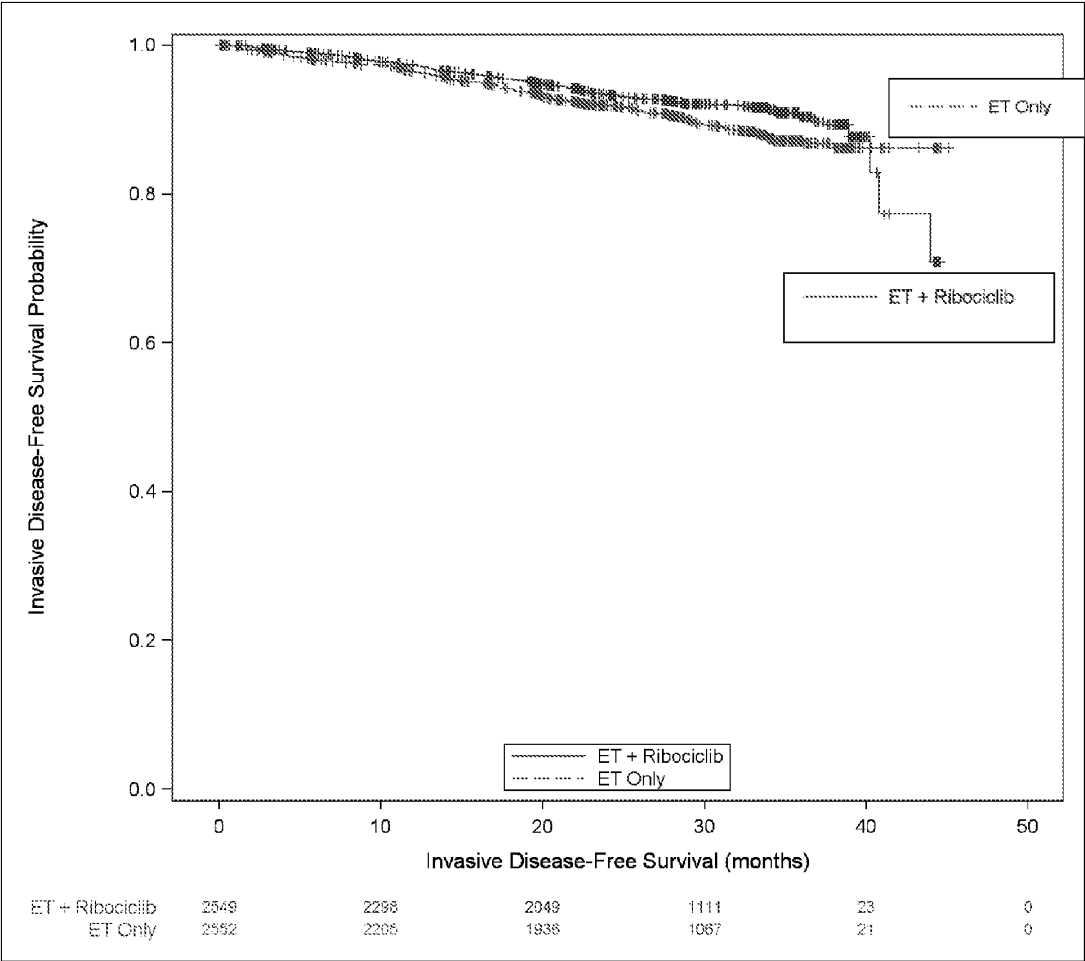


FIG. 10

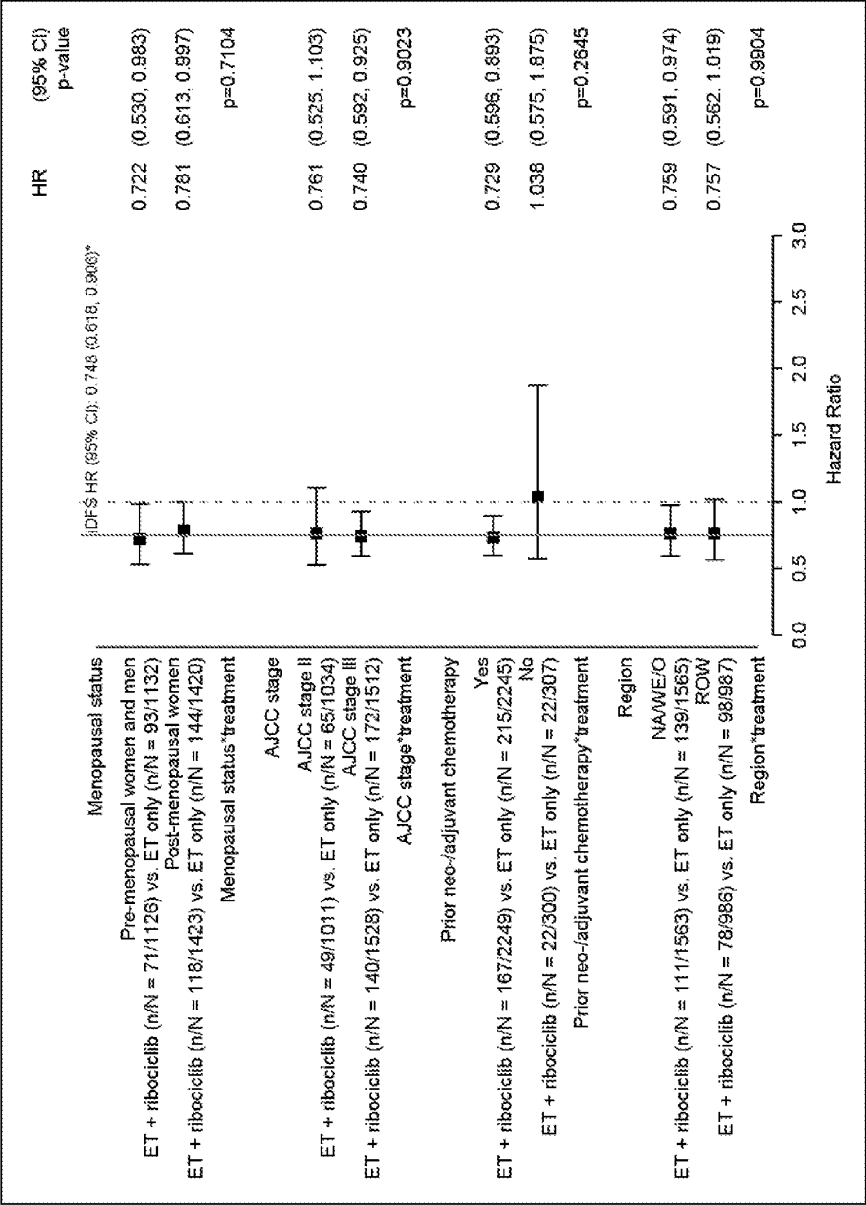


FIG. 11A

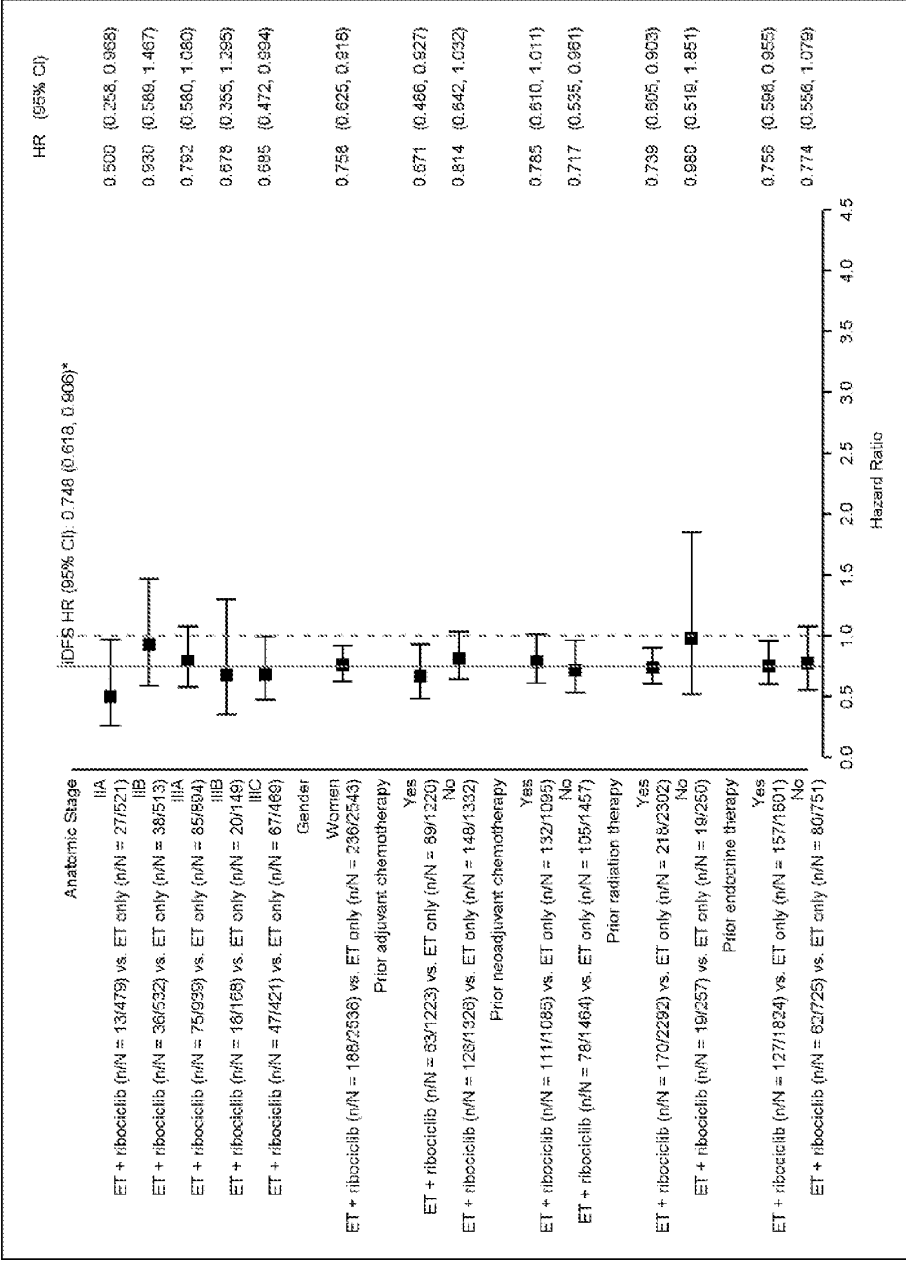


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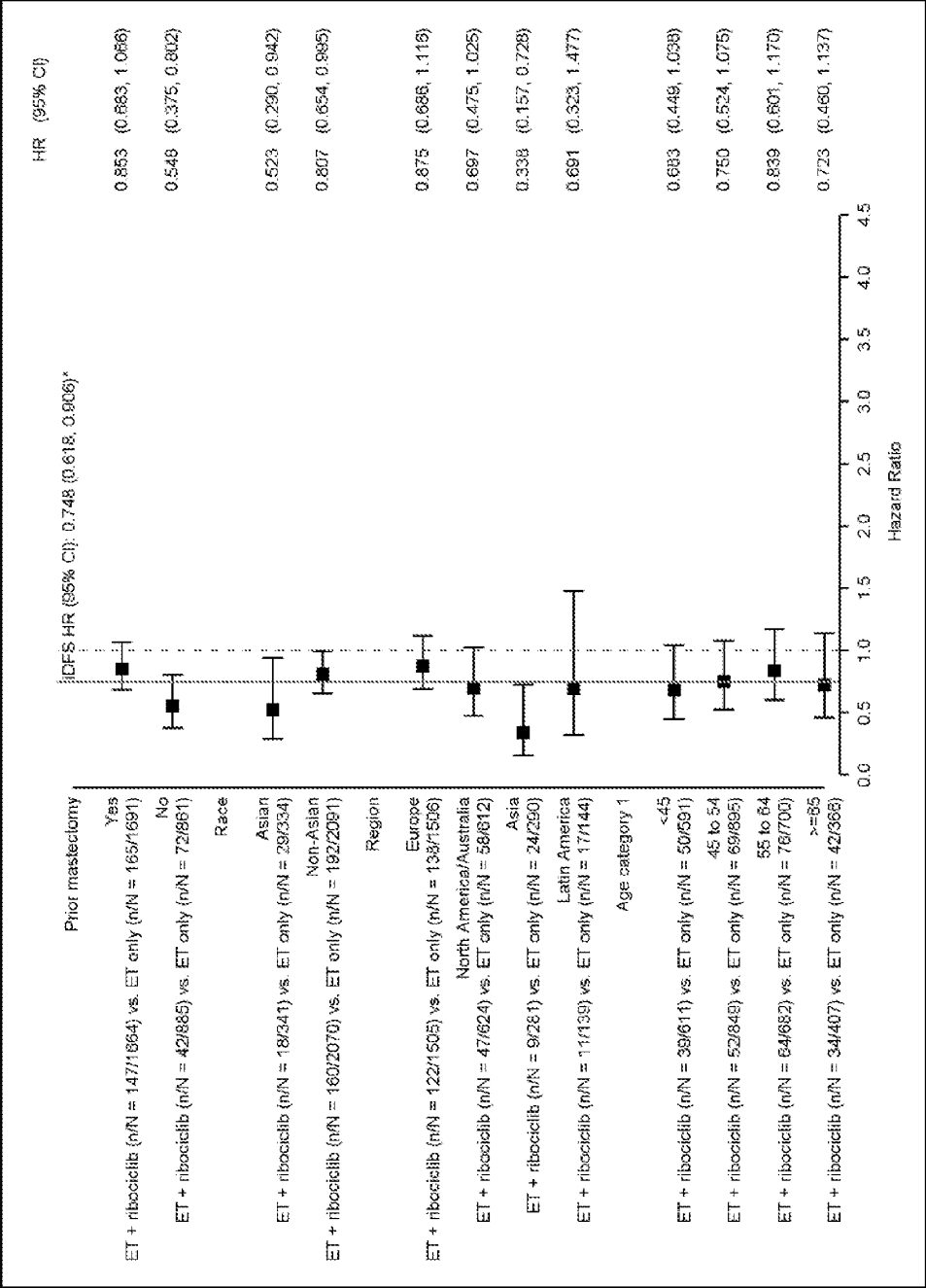


FIG. 11C

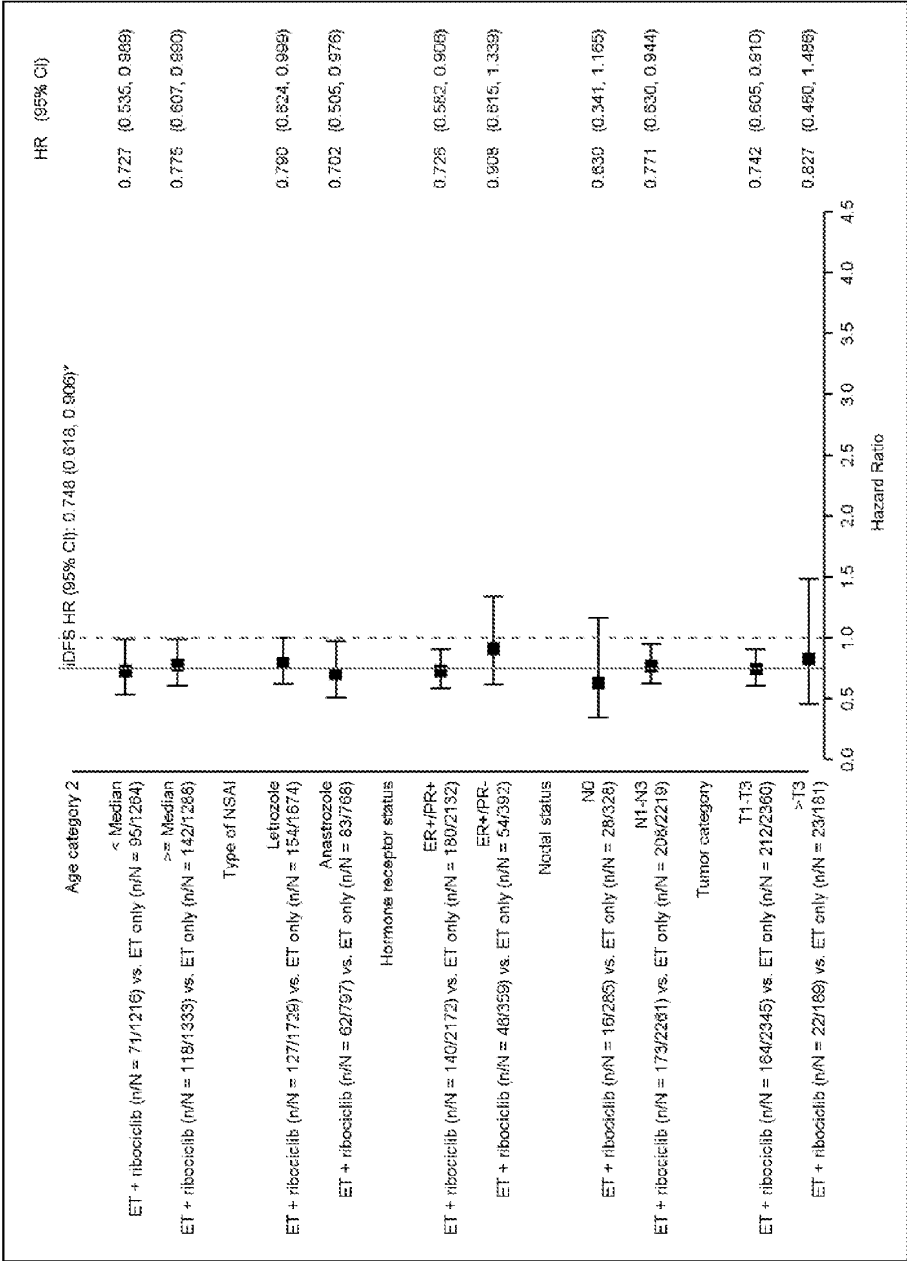


FIG. 11D

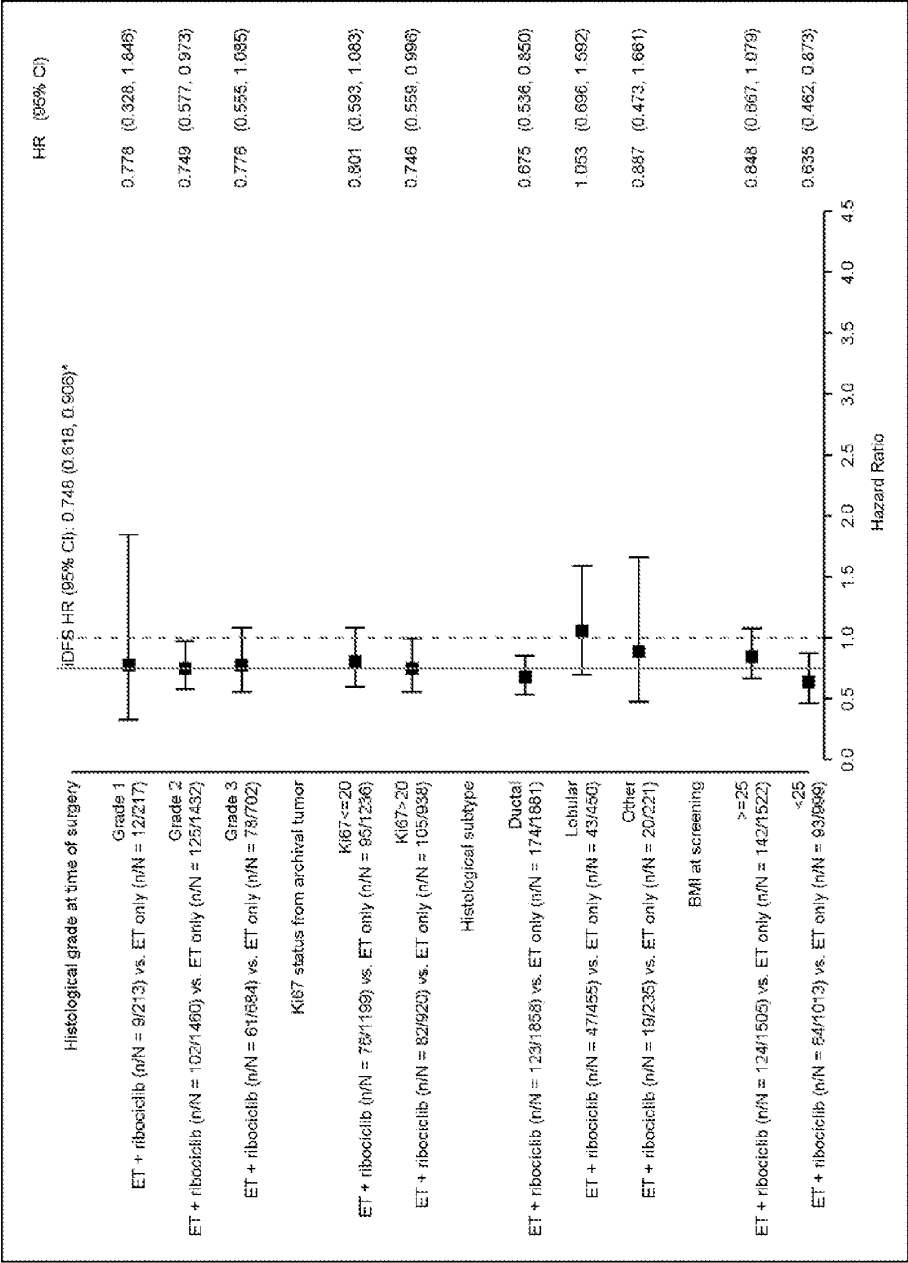


FIG. 12

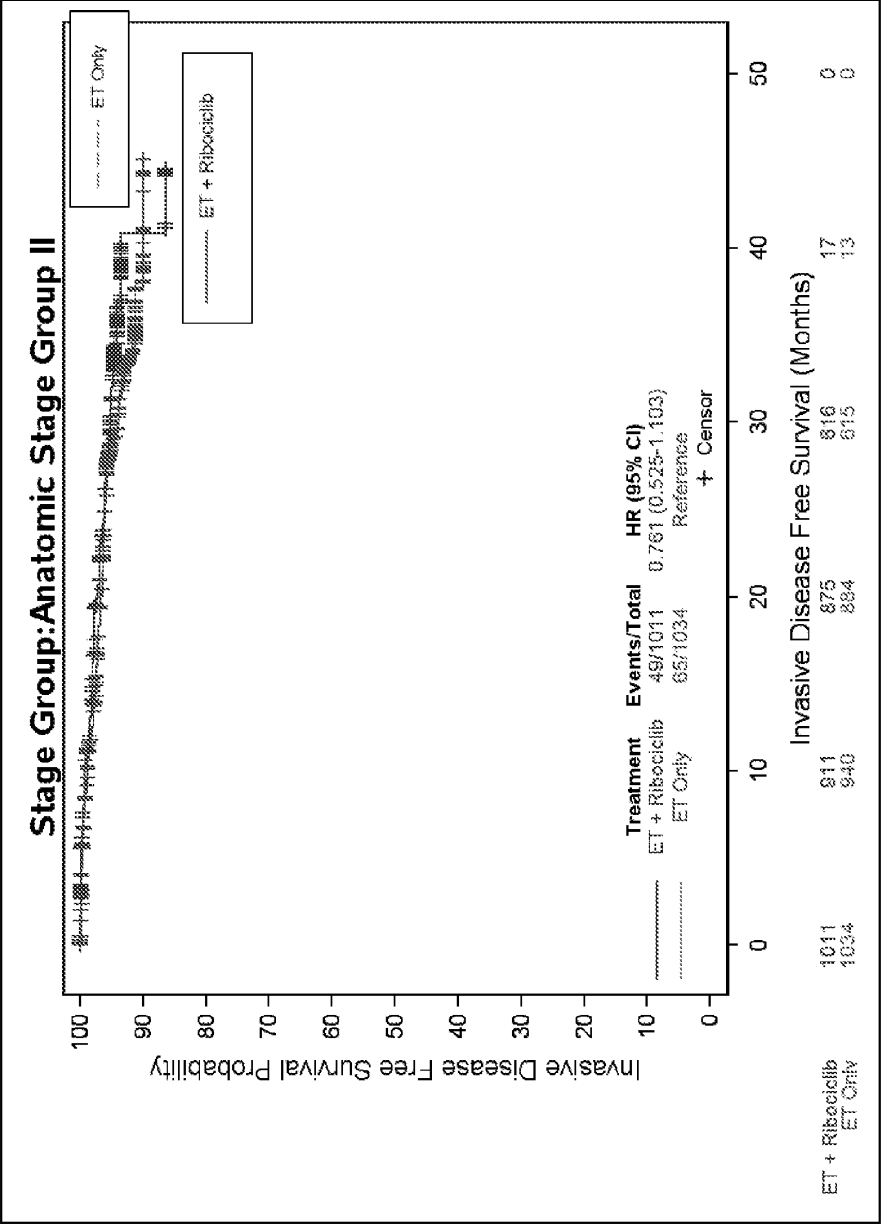


FIG. 13

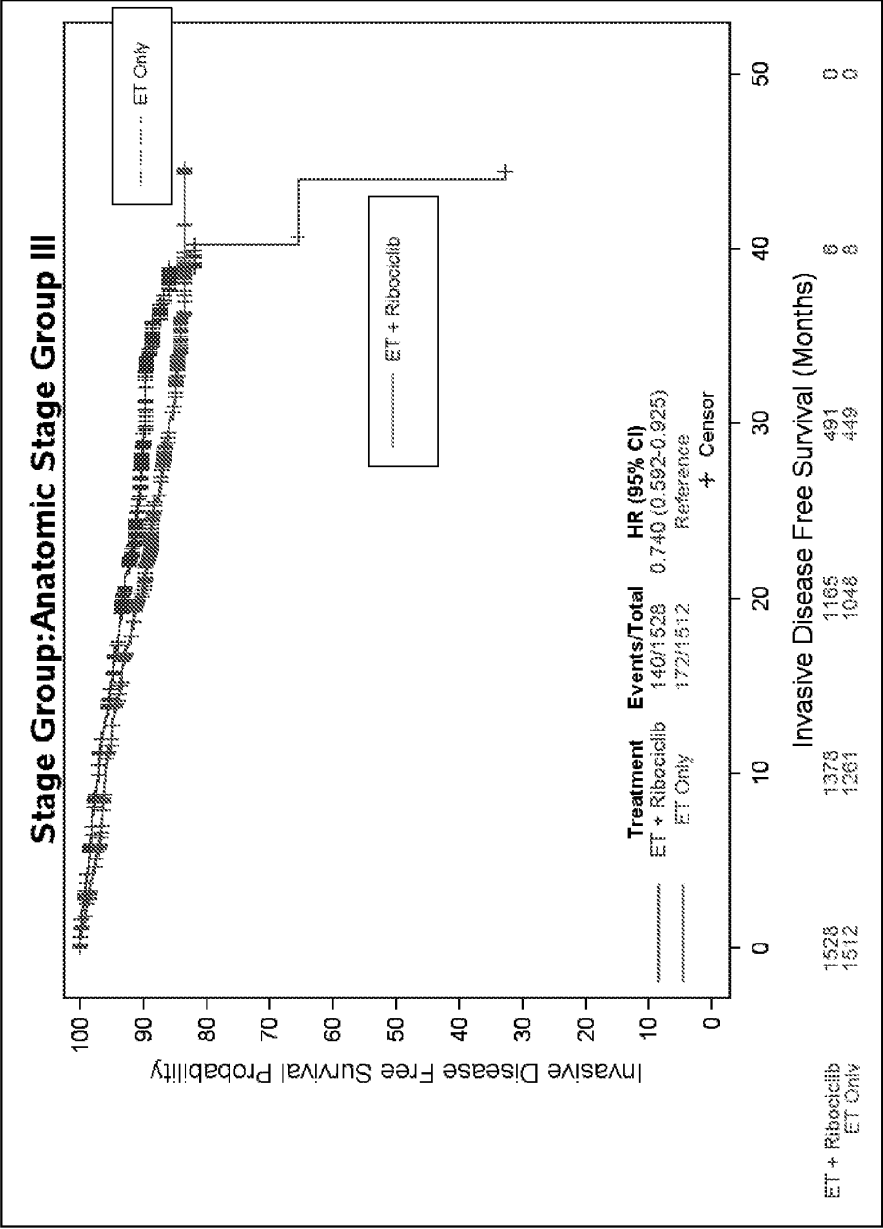


FIG. 14

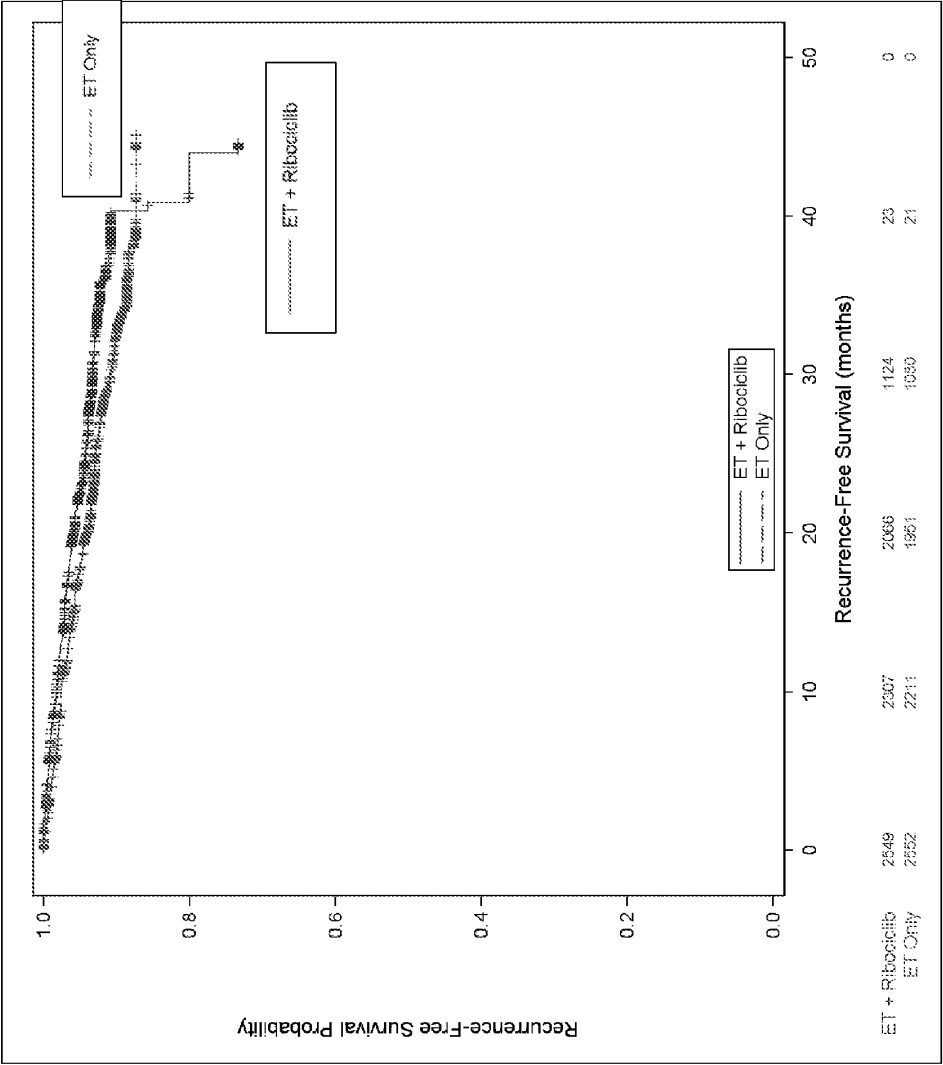


FIG. 15

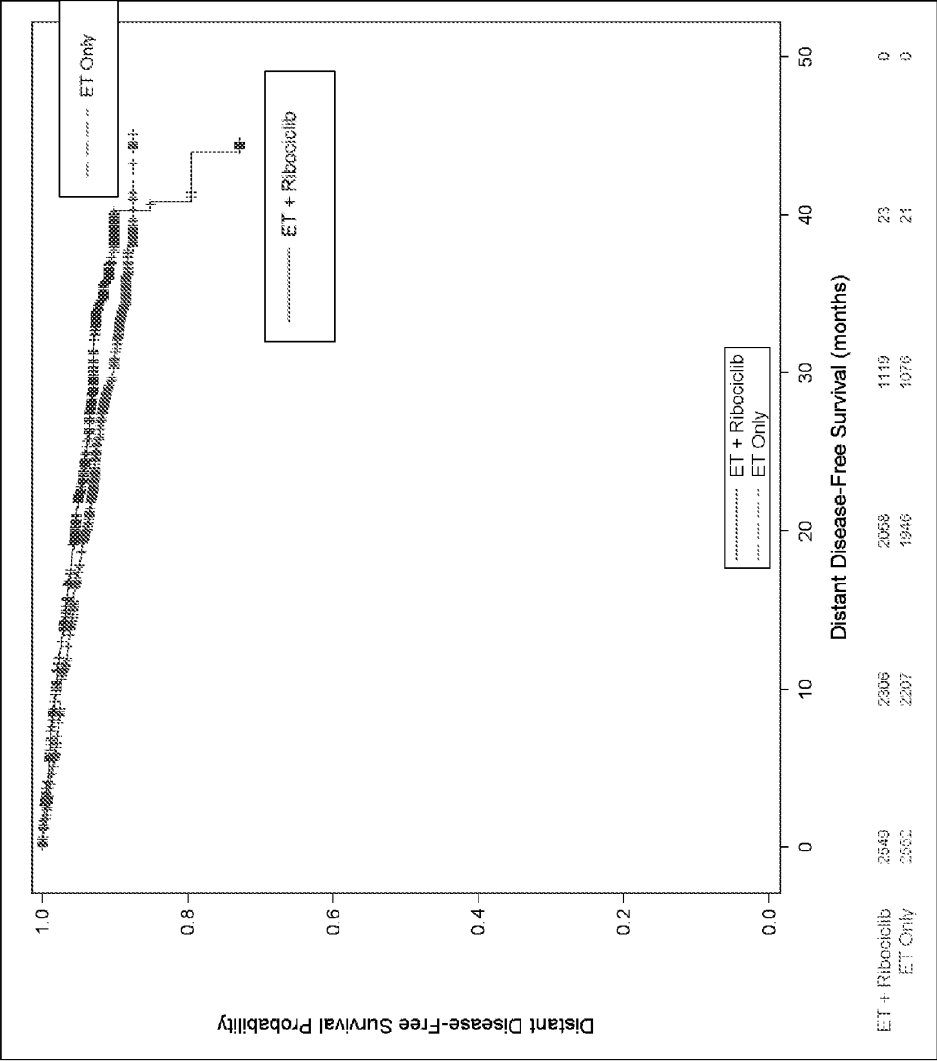


FIG. 16

