EORTC QLQ – CX24

Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems, please answer by circling the number that best applies to you.

During the past week:	Not at all	A little	Quite a bit	Very much
31. Have you had cramps in your abdomen?	1	2	3	4
32. Have you had difficulty in controlling your bowels?	1	2	3	4
33. Have you had blood in your stools (motions)?	1	2	3	4
34. Did you pass water/urine frequently?	1	2	3	4
35. Have you had pain or a burning feeling when passing water/urinating?	1	2	3	4
36. Have you had leaking of urine?	1	2	3	4
37. Have you had difficulty emptying your bladder?	1	2	3	4
38. Have you had swelling in one or both legs?	1	2	3	4
39. Have you had pain in your lower back?	1	2	3	4
40. Have you had tingling or numbness in your hands or feet?	1	2	3	4
41. Have you had irritation or soreness in your vagina or vulva?	1	2	3	4
42. Have you had discharge from your vagina?	1	2	3	4
43. Have you had abnormal bleeding from your vagina?	1	2	3	4
44. Have you had hot flushes and/or sweats?	1	2	3	4
45. Have you felt physically less attractive as a result of your disease or treatment?	1	2	3	4
46. Have you felt less feminine as a result of your disease or treatment?	1	2	3	4
47. Have you felt dissatisfied with your body?	1	2	3	4

During the past 4 weeks:

		Not at all	A little	Quite a bit	Very much
48.	Have you worried that sex would be painful?	1	2	3	4
49.	Have you been sexually active?	1	2	3	4

Answer these questions only if you have been sexually active during the past 4 weeks:

		Not at all	A little	Quite a bit	Very much
50.	Has your vagina felt dry during sexual activity?	1	2	3	4
51.	Has your vagina felt short?	1	2	3	4
52.	Has your vagina felt tight?	1	2	3	4
53.	Have you had pain during sexual intercourse or other sexual activity?	1	2	3	4
54.	Was sexual activity enjoyable for you?	1	2	3	4