Quality of Life – Hepatobiliary Cancer

RE		RM CODE: F RSION:A 04/		Event	SEQ#		
ADMINISTRATIVE INFORMATION 0a. Completion Date: 0b. Staff ID: 0b. Staff							
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 <u>past 7 days</u> . 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 <u>past 7 days</u> .							
Du	ring the past 7 days						
1.	You had swelling or cramps in your stomach area	ot at all	☐ A little bit	Somewhat	Quite a bit	Uery much	
2.	You were losing weight		A little bit	Somewhat	Quite a bit	Uvery much	
3.	You had control of your bowels		A little bit	Somewhat	Quite a bit	U Very much	
4.	You could digest your food well		A little bit	☐ Somewhat	Quite a bit	U Very much	
5.	You had diarrhea (diarrhoea)[A little bit	Somewhat	Quite a bit	U Very much	
6.	You had a good appetite] ot at all #	A little bit	☐ Somewhat	Quite a bit	U Very much	
7.	You were unhappy about a change in your appearance[□ ot at all #	☐ A little bit	☐ Somewhat C	☐ Quite a bit V	 ery much	
8.	You had pain in your back	ot at all #	A little bit	☐ Somewhat C	☐ Quite a bit V	 ery much	
9.	You were bothered by constipation[ot at all #	A little bit	☐ Somewhat C	☐ Quite a bit V	 ery much	
10	. You felt fatigued[t at all	A little bit	☐ Somewhat C	☐ Quite a bit V	ery 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	U Very much
13. You had fevers (episodes of high body temperature)	□ Not at all	A little bit	Somewhat	Quite a bit	U Very much
14. You had itching	 Not at all	A little bit	Somewhat	Quite a bit	U Very much
15. You had a change in the way food tasted	__\ Not at all	A little bit	Somewhat	Quite a bit	U Very much
16. You had chills.	 Not at all	A little bit	Somewhat	Quite a bit	Uery much
17. Your mouth was dry	 Not at all	A little bit	Somewhat	Quite a bit	U Very much
18. You had discomfort or pain in your stomach area	 Not at all	 A little bit	Somewhat	Quite a bit	U Very much

Pancreatic Cancer Symptoms

REGISTRY ID: FORM CODE: VERSION:A 0	= Event SE()#						
ADMINISTRATIVE INFORMATION 0a. Completion Date: 0b. Staff ID: 0b. Staff							
Instructions: Enter the answer given by the participant for each re	esponse 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 .							
Did you have pain during the night?	\(\text{\tint{\text{\tint{\text{\tint{\text{\text{\tilit{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tilit}}\\ \tittt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}}}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texitile}}}\text{\text{\text{\texi{\text{\texitile}}\text{\text{\text{\texi}}\text{\text{\text{\text{\text{\text{\text{\texit{\text{\text{\text{\text{\tex{						
Did you find it uncomfortable in certain positions (e.g. lying down)?							
Were you restricted in the types of food you can eat as a result of your disease or treatment?							
Were you restricted in the amounts of food you could ear as a result of your disease or treatment?							
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?	\(\text{\backsquare} \text{\backsquare} \text{\backsquare} \\ \text{Not at all} \text{A little bit} \text{Quite a bit} \text{Very much}						

Hepatic Cancer Symptoms

REGISTRY ID: FORM CODE: EO VERSION:A 04/12/	-\/4	ent	SEQ#			
ADMINISTRATIVE INFORMATION 0a. Completion Date: 0b. Staff ID: 0b. Staff						
Instructions: Enter the answer given by the participant for each response	nse by mark	king one bo	x 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 feel thirsty?	Not at all	A little	Quite a bit	Very much		
Have you been concerned about the appearance of your abdomen?	Not at all	A little bit	Quite a bit	Very much		
3. Have you had pain in your shoulder?	Not at all	A little bit	Quite a bit	Very much		
4. Have you felt full too quickly after beginning to eat?	Not at all	A little bit	Quite a bit	Very much		
5. Have you needed to sleep during the day?	Not at all	A little bit	Quite a bit	U Very much		