Quality of Life - Kidney Cancer

REGISTRY ID:														FORM CODE: KQL VERSION:A 12/08/11	Event			SEQ #		

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

Instructions: Enter the answer given by the participant for each response.

Now, I will ask you about symptoms you may be experiencing.

1. How TRUE or FALSE is each of the following statements for you?

a. Your kidney disease interferes too much with your life.

☐ Definitely true ☐ Mostly true ☐ Don't know ☐ Mostly false ☐ Definitely false

b. Too much of your time is spent dealing with your kidney disease.

☐ Definitely true ☐ Mostly true ☐ Don't know ☐ Mostly false ☐ Definitely false

c. You feel frustrated dealing with your kidney disease.

☐ Definitely true ☐ Mostly true ☐ Don't know ☐ Mostly false ☐ Definitely false

d. You feel like a burden on your family.

☐ Definitely true ☐ Mostly true ☐ Don't know ☐ Mostly false ☐ Definitely false

2. Some people are bothered by the effects of kidney disease on their daily life, while others are not. How much does kidney disease bother you in each of the following areas?

a. Fluid restriction?

☐	☐	☐	☐	☐
Not at all bothered	Somewhat bothered	Moderately bothered	Very much bothered	Extremely bothered

b. Dietary restriction?

☐	☐	☐	☐	☐
Not at all bothered	Somewhat bothered	Moderately bothered	Very much bothered	Extremely bothered

c. Your ability to work around the house?

☐	☐	☐	☐	☐
Not at all bothered	Somewhat bothered	Moderately bothered	Very much bothered	Extremely bothered

d. Your ability to travel?

☐	☐	☐	☐	☐
Not at all bothered	Somewhat bothered	Moderately bothered	Very much bothered	Extremely bothered

e. Being dependent on doctors and other medical staff?

☐	☐	☐	☐	☐
Not at all bothered	Somewhat bothered	Moderately bothered	Very much bothered	Extremely bothered

f. Stress or worries caused by kidney disease?

☐	☐	☐	☐	☐
Not at all bothered	Somewhat bothered	Moderately bothered	Very much bothered	Extremely bothered

g. Your sex life?

☐	☐	☐	☐	☐
Not at all bothered	Somewhat bothered	Moderately bothered	Very much bothered	Extremely bothered

h. Your personal appearance?

☐	☐	☐	☐	☐
Not at all bothered	Somewhat bothered	Moderately bothered	Very much bothered	Extremely bothered

Kidney Cancer Symptoms

REGISTRY ID:													FORM CODE: FKSA VERSION:A 12/08/11	Event			SEQ #		

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

Instructions: Enter the answer given by the participant for each response.

*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**.*

1. You were bothered by side effects of treatment. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
2. You had bone pain..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
3. You had been coughing. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
4. You were bothered by fevers (episodes of high body temperature)..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
5. You had blood in your urine ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much