EORTC QLQ-TC26

RE	GISTRY ID:	FORM CODE: VERSION:A 12	· -	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. Patients sometimes report 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									
1.	Have you had skin problems (e.g. itchy, dry)?	? □ Not at all	A little	Quite a bit	Uery much				
2.	Have you had pale/cold fingers or toes?	Not at all	A little	Quite a bit	Very much				
3.	Did you have problems with hearing?	□ Not at all	A little	Quite a bit	Very much				
4.	Were you satisfied with the medical care you received?	Not at all	A little	Quite a bit	Uery much				
5.	Were you satisfied with the information you received about your disease or treatment?		П	П					
		Not at all	A little	Quite a bit	Very much				
6.	Did you feel uncertain about the future?	 Not at all	A little	Quite a bit	Very much				
7.	Have you been anxious about a possible recurrence of the disease?	 Not at all	A little	Quite a bit	Uery much				
8.	Have you had any problems with your job or your education because of your disease or treatment?	☐ Not at all	☐ A little	Quite a bit	Usery much				

Have you been physically limited as a result of your disease or treatment?	 Not at all	A little	Quite a bit	U Very much
10. Were you concerned about disruption of family life?		☐ A little	Quite a bit	U Very much
11. Were you concerned about your ability that have children?		 A little	Quite a bit	U Very much
12. Can you talk about your disease with yo partner or the person who is closest to you?		A little	Quite a bit	U Very much
13. Have you felt less masculine as a result your disease or treatment?		 A little	Quite a bit	Uery much
14. Can you talk about sexuality with your partner or the person who is closest to you?	 Not at all	A little	Quite a bit	U Very much
15. Do you have a testicular implant?	 Yes	□ →Sk No	ip to next form	
16. Are you satisfied with your testicular implant?	 Not at all	☐ A little	Quite a bit	U Very much