

Patient Name: _____

EORTC - Post radiotherapy symptom questionnaire

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

During the past week:		Not at all	A little	Quite a bit	Very much
1	Have you had to urinate frequently during the day?	1	2	3	4
2	Have you had to urinate frequently during the night?	1	2	3	4
3	When you felt the urge to pass urine, did you have to hurry to get to the toilet?	1	2	3	4
4	Was it difficult for you to get enough sleep, because you needed to get up frequently at night to pass urine?	1	2	3	4
5	Have you had difficulty going out of the house because you needed to be close to a toilet?	1	2	3	4
6	Have you had an unintentional release (leakage) of urine?	1	2	3	4
7	Did you have pain when you urinated?	1	2	3	4
8	Answer this question only if you wear an incontinence aid: Has wearing an incontinence aid been a problem for you?	1	2	3	4
9	Have your daily activities been limited by your urinary problems?	1	2	3	4
10	Have your daily activities been limited by your bowel problems?	1	2	3	4
11	Have you had any unintentional release (leakage) of stools?	1	2	3	4
12	Have you had blood in your stools?	1	2	3	4
13	Did you have a bloated feeling in your abdomen?	1	2	3	4
14	Did you have hot flushes?	1	2	3	4
15	Have you had sore or enlarged nipples or breasts?	1	2	3	4
16	Have you had swelling in your legs or ankles?	1	2	3	4
During the last 4 weeks					
17	Has weight loss been a problem for you?	1	2	3	4
18	Has weight gain been a problem for you?	1	2	3	4
19	Have you felt less masculine as a result of your illness or treatment?	1	2	3	4
20	To what extent were you interested in sex?	1	2	3	4
21	To what extent were you sexually active (with or without intercourse)?	1	2	3	4
PLEASE ANSWER THE NEXT FOUR QUESTIONS ONLY IF YOU HAVE BEEN SEXUALLY ACTIVE OVER THE LAST 4 WEEKS					
22	To what extent was sex enjoyable for you?	1	2	3	4
23	Did you have difficulty getting or maintaining an erection?	1	2	3	4
24	Did you have ejaculation problems (eg dry ejaculation)?	1	2	3	4
25	Have you felt uncomfortable about being sexually intimate?	1	2	3	4