Quality of Life – Ovarian Cancer

REGISTRY ID:													FORM CODE: FOV VERSION:A 06/21/12	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**.*

	Not at all	A little bit	Somewhat	Quite a bit	Very much
1. You had swelling in your stomach area.	☐	☐	☐	☐	☐
2. You were losing weight.	☐	☐	☐	☐	☐
3. You had control of your bowels.	☐	☐	☐	☐	☐
4. You had been vomiting.	☐	☐	☐	☐	☐
5. You were bothered by hair loss.	☐	☐	☐	☐	☐
6. You had a good appetite.	☐	☐	☐	☐	☐
7. You liked the appearance of your body.	☐	☐	☐	☐	☐
8. You were able to get around by yourself.	☐	☐	☐	☐	☐
9. You were able to feel like a woman.	☐	☐	☐	☐	☐
10. You had cramps in your stomach area.	☐	☐	☐	☐	☐
11. You were interested in sex.	☐	☐	☐	☐	☐
12. You had concerns about your ability to have children.	☐	☐	☐	☐	☐

13. You were bothered by swelling/fluid in your legs. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

14. You were bothered by discomfort in your groin or legs. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

15. You were bothered by wearing compression stockings. ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

Menopause

REGISTRY ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐ FORM CODE: MRS VERSION:A 02/07/12 Event ☐☐ SEQ # ☐☐

ADMINISTRATIVE INFORMATION

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

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

0c. Check the cancer-specific questionnaire where the MRS/MENQOL questions are answered.

- ☐ 0c1. Breast
- ☐ 0c2. Ovarian
- ☐ 0c3. Endometrial

The next questions I am going to ask you are about symptoms that you may or may not be experiencing. I will read you a symptom and would like you to tell me how this affects you by answering none, mild, moderate, severe, or extremely severe.

MRS

	None	Mild	Moderate	Severe	Extremely Severe
1. Hot flashes, sweating (episodes of sweating)	☐	☐	☐	☐	☐
2. Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)	☐	☐	☐	☐	☐
3. Sleep problems (difficulty in falling asleep, difficulty in sleeping through the night, waking up early)	☐	☐	☐	☐	☐
4. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)	☐	☐	☐	☐	☐
5. Irritability (feeling nervous, inner tension, feeling aggressive)	☐	☐	☐	☐	☐
6. Anxiety (inner restlessness, feeling panicky)	☐	☐	☐	☐	☐

	None	Mild	Moderate	Severe	Extremely Severe
7. Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)	☐	☐	☐	☐	☐
8. Sexual problems (change in sexual desire, in sexual activity and satisfaction)	☐	☐	☐	☐	☐
9. Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence).	☐	☐	☐	☐	☐
10. Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)	☐	☐	☐	☐	☐
11. Joint and muscular discomfort (pain in the joints, rheumatoid complaints)	☐	☐	☐	☐	☐

MENQOL

	None	Mild	Moderate	Severe	Extremely Severe
12. Flatulence (wind) or gas pains	☐	☐	☐	☐	☐
13. Decrease in physical strength	☐	☐	☐	☐	☐
14. Decrease in stamina	☐	☐	☐	☐	☐
15. Drying skin	☐	☐	☐	☐	☐
16. Increased facial hair	☐	☐	☐	☐	☐
17. Changes in appearance, texture or tone of your skin	☐	☐	☐	☐	☐
18. Feeling bloated	☐	☐	☐	☐	☐

Urinary Symptoms

REGISTRY ID:													FORM CODE: ICI VERSION:A 06/22/12	Event			SEQ #		

ADMINISTRATIVE INFORMATION

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

Instructions: Enter the answer given by the participant for each response by marking one box per row.

0c. Check the cancer-specific questionnaire where the ICIQ-FLUTS questions are answered.
- ☐ 0c1. Ovarian
- ☐ 0c2. Endometrial

Many people experience urinary symptoms some of the time. We are trying to find out how many people experience urinary symptoms, and how much they bother them. We would be grateful if you could answer the following questions, thinking about how you have been, on the average, over the PAST FOUR WEEKS.

1a. During the night, how many times did you have to get up to urinate, on the average? ..... ☐ A-E

- None ..... A →Skip to Item 2a
- One ..... B
- Two C
- Three ..... D
- Four or more ..... E

1b. How much did this bother you?
Please choose a number between 0 (not at all) and 10 (a great deal).

Not at all — A great deal

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

2a. Did you have a sudden need to rush to the toilet to urinate? ..... ☐ A-E

- Never ..... A →Skip to Item 3a
- Occasionally ..... B
- Sometimes C
- Most of the time ..... D
- All of the time ..... E

2b. How much did this bother you?
Please choose a number between 0 (not at all) and 10 (a great deal).

Not at all — A great deal

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

3a. Did you have pain in your bladder? ☐ A-E

- Never ..... A → Skip to Item 4a
- Occasionally ..... B
- Sometimes C
- Most of the time ..... D
- All of the time ..... E

3b. How much did this bother you?
Please choose a number between 0 (not at all) and 10 (a great deal).

Not at all										A great deal
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10

4a. How often did you pass urine during the day? ☐ A-E

- 1-6 times ..... A
- 7-8 times ..... B
- 9-10 times C
- 11-12 times ..... D
- 13 or more times ..... E

4b. How much did this bother you?
Please choose a number between 0 (not at all) and 10 (a great deal).

Not at all										A great deal
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10

5a. Was there a delay before you could start to urinate? ☐ A-E

- Never ..... A → Skip to Item 6a
- Occasionally ..... B
- Sometimes C
- Most of the time ..... D
- All of the time ..... E

5b. How much did this bother you?
Please choose a number between 0 (not at all) and 10 (a great deal).

Not at all										A great deal
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10

6a. Did you have to strain to urinate? ..... ☐ A-E

Never ..... A →Skip to Item 7a
Occasionally ..... B
Sometimes C
Most of the time ..... D
All of the time ..... E

6b. How much did this bother you?
Please choose a number between 0 (not at all) and 10 (a great deal).

Not at all — A great deal

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

7a. Did you stop and start more than once while you urinated? ..... ☐ A-E

Never ..... A →Skip to Item 8a
Occasionally ..... B
Sometimes C
Most of the time ..... D
All of the time ..... E

7b. How much did this bother you?
Please choose a number between 0 (not at all) and 10 (a great deal).

Not at all — A great deal

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

8a. Did urine leak before you could get to the toilet? ..... ☐ A-E

Never ..... A →Skip to Item 9a
Occasionally ..... B
Sometimes C
Most of the time ..... D
All of the time ..... E

8b. How much did this bother you?
Please choose a number between 0 (not at all) and 10 (a great deal).

Not at all — A great deal

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

9a. How often did you leak urine? ..... ☐ A-E

Never ..... A →Skip to Next Form
Occasionally ..... B
Sometimes C
Most of the time ..... D
All of the time ..... E

9b. How much did this bother you?
Please choose a number between 0 (not at all) and 10 (a great deal).

Not at all — A great deal

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

10a. Did urine leak when you were physically active, exerted yourself, coughed or sneezed? ..... ☐ A-E

Never ..... A →Skip to Item 11a
Occasionally ..... B
Sometimes C
Most of the time ..... D
All of the time ..... E

10b. How much did this bother you?
Please choose a number between 0 (not at all) and 10 (a great deal).

Not at all — A great deal

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

11a. Did you ever leak urine for no obvious reason and without feeling that you wanted to go? ..... ☐ A-E

Never ..... A →Skip to Item 12a
Occasionally ..... B
Sometimes C
Most of the time ..... D
All of the time ..... E

11b. How much did this bother you?
Please choose a number between 0 (not at all) and 10 (a great deal).

Not at all — A great deal

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

12a. Did you leak urine when you were asleep? ..... ☐ A-E

- Never ..... A → Skip to Next Form
- Occasionally ..... B
- Sometimes C
- Most of the time ..... D
- All of the time ..... E

12b. How much did this bother you?
Please choose a number between 0 (not at all) and 10 (a great deal).

Not at all										A great deal
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10