

European Organization for Research and Treatment of Cancer: Quality of life questionnaire-OV28

During the past week	Not at all	A little	Quite a bit	Very much
31. Did you have abdominal pain?	1	2	3	4
32. Did you have a bloated feeling in your abdomen/stomach?	1	2	3	4
33. Did you have problems with your clothes feeling too tight?	1	2	3	4
34. Did you experience any change in bowel habit as a result of your disease or treatment?	1	2	3	4
35. Were you troubled by passing wind/gas/flatulence?	1	2	3	4
36. Have you felt full too quickly after beginning to eat?	1	2	3	4
37. Have you had indigestion or heartburn?	1	2	3	4
38. Have you lost any hair?	1	2	3	4
39. Answer this question only if you had any hair loss: Were you upset by the loss of your hair?	1	2	3	4
40. Did food and drink taste different from usual?	1	2	3	4
41. Have you had tingling hands or feet?	1	2	3	4
42. Have you had numbness in your fingers or toes?	1	2	3	4
43. Have you felt weak in your arms or legs?	1	2	3	4
44. Did you have aches or pains in your muscles or joints?	1	2	3	4
45. Did you have problems with hearing?	1	2	3	4
46. Did you urinate frequently?	1	2	3	4
47. Have you had skin problems (e.g., itchy, dry)?	1	2	3	4
48. Did you have hot flushes?	1	2	3	4
49. Did you have night sweats?	1	2	3	4
50. Have you felt physically less attractive as a result of your disease or treatment?	1	2	3	4
51. Have you been dissatisfied with your body?	1	2	3	4
52. How much has your disease been a burden to you?	1	2	3	4
53. How much has your treatment been a burden to you?	1	2	3	4
54. Were you worried about your future health?	1	2	3	4
55. To what extent were you interested in sex?	1	2	3	4
56. To what extent were you sexually active?	1	2	3	4
Answer the following two questions only if you were sexually active				
57. To what extent was sex enjoyable for you?	1	2	3	4
58. Did you have a dry vagina during sexual activity?	1	2	3	4