**EORTC QLQ-C30 (version 3) (General)**

We are interested in some things about you and your health. Please answer all of the questions circling the number that best applies to you. There are no "right" or "wrong" answers. The information that you provide will remain strictly confidential.

| S.NO | Items                                                                 | Response          |
|------|----------------------------------------------------------------------|-------------------|
| 1.   | Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase? | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
| 2.   | Do you have any trouble taking a long walk?  
_A long walk include e.g. walking to clinic from parking_ | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
| 3.   | Do you have any trouble taking a short walk outside of the house?  
_A short walk include going to nearby market or nearby park_ | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
| 4.   | Do you need to stay in bed or a chair during the day? | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
| 5.   | Do you need help with eating, dressing, washing yourself or using the toilet?  
_Example: help in performing activities of daily living (ADL)_ | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
|   | Were you limited in doing either your work or other daily activities? |   |
|---|------------------------------------------------------------------|---|
|   | کیا آپ اپنے ذاتی کام یا روزمرہ کیسر گرمیوں میں محدود ہیں؟ |   |
| 1. | Not at All | 1. Not at All |
| 2. | A little | 2. A little |
| 3. | Quite a Bit | 3. Quite a Bit |
| 4. | Very Much | 4. Very Much |

|   | Were you limited in pursuing your hobbies or other leisure time activities such as reading a book, listening to music, gardening, going out? |   |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
|   | کیا آپ کے فارغ اوقات کی سرگرمیاں محدود ہیں؟ |   |
| 1. | Not at All | 1. Not at All |
| 2. | A little | 2. A little |
| 3. | Quite a Bit | 3. Quite a Bit |
| 4. | Very Much | 4. Very Much |

|   | Were you short of breath? |   |
|---|------------------------------------------------------------------|---|
|   | کیا آپ لینے میں مشکل ہیں؟ |   |
| 1. | Not at All | 1. Not at All |
| 2. | A little | 2. A little |
| 3. | Quite a Bit | 3. Quite a Bit |
| 4. | Very Much | 4. Very Much |

|   | Have you had pain? |   |
|---|------------------------------------------------------------------|---|
|   | کیا آپ کو درد ہے؟ |   |
| 1. | Not at All | 1. Not at All |
| 2. | A little | 2. A little |
| 3. | Quite a Bit | 3. Quite a Bit |
| 4. | Very Much | 4. Very Much |

|   | Did pain interfere with your daily activities? |   |
|---|------------------------------------------------------------------|---|
|   | کیا درد یا تاثر ہے؟ |   |
| 1. | Not at All | 1. Not at All |
| 2. | A little | 2. A little |
| 3. | Quite a Bit | 3. Quite a Bit |
| 4. | Very Much | 4. Very Much |

|   | Did you need to rest? |   |
|---|------------------------------------------------------------------|---|
|   | کیا آپ کو آرام کی ضرورت حس ہے؟ |   |
| 1. | Not at All | 1. Not at All |
| 2. | A little | 2. A little |
| 3. | Quite a Bit | 3. Quite a Bit |
| 4. | Very Much | 4. Very Much |

|   | Have you had trouble sleeping? |   |
|---|------------------------------------------------------------------|---|
|   | کیا آپ کو خوابنگی مشکلات ہیں؟ |   |
| 1. | Not at All | 1. Not at All |
| 2. | A little | 2. A little |
| 3. | Quite a Bit | 3. Quite a Bit |
| 4. | Very Much | 4. Very Much |

|   | Have you felt weak? |   |
|---|------------------------------------------------------------------|---|
|   | کیا آپ کو کمزوری حس ہے؟ |   |
| 1. | Not at All | 1. Not at All |
| 2. | A little | 2. A little |
| 3. | Quite a Bit | 3. Quite a Bit |
| 4. | Very Much | 4. Very Much |
|   | Have you Lost appetite?                                      | 1. Not at All | 2. A little | 3. Quite a Bit | 4. Very Much |
|---|-------------------------------------------------------------|---------------|-------------|----------------|--------------|
| 14.| ہے تا | کیا آپ کی بھوک مین کو آئی؟                                  | نہیں بھی لکلبا | تھوڑی     | حد فیکا تک   | بہت زیادہ    |
| 15.| Have you felt nauseated?                                   | 1. Not at All | 2. A little | 3. Quite a Bit | 4. Very Much |
| 16.| کیا آپ کو متلی محسوس ہے؟                                   | نہیں بھی لکلبا | تھوڑی     | حد فیکا تک   | بہت زیادہ    |
| 17.| ہے تا | کیا آپ کو قبض کی شکایت وںئی ہے؟                          | نہیں بھی لکلبا | تھوڑی     | حد فیکا تک   | بہت زیادہ    |
| 18.| Have you vomited?                                          | 1. Not at All | 2. A little | 3. Quite a Bit | 4. Very Much |
| 19.| کیا آپ کو دم ہے؟                                            | نہیں بھی لکلبا | تھوڑی     | حد فیکا تک   | بہت زیادہ    |
| 20.| ہے تا | کیا آپ کو توجّہ مرکوز نہیں میں مشکل پیش آئی؟              | نہیں بھی لکلبا | تھوڑی     | حد فیکا تک   | بہت زیادہ    |
| 21.| Did you feel tense?                                         | 1. Not at All | 2. A little | 3. Quite a Bit | 4. Very Much |
|   | Question                                                                 | Options                                                                 |
|---|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 22. | Did you worry?                                                          | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
| 23. | Did you feel irritable?                                                 | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
| 24. | Did you feel depressed?                                                 | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
| 25. | Have you had difficulty remembering things?                            | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
| 26. | Has your physical condition or medical treatment interfered with your family life (family members and spouse)? | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
| 27. | Has your physical condition or medical treatment interfered with your social activities? | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
| 28. | Has your physical condition or medical treatment caused you financial difficulties? | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
### EORTC QLQ - BN20 (Brain)

| During the past week | Response |
|----------------------|----------|
| 29. On a scale of 1 to 7 How would you rate your overall health during the past week? | 1. Very poor  
2.  
3.  
4.  
5.  
6.  
7. Excellent |
| 30. On a scale of 1 to 7 How would you rate your overall quality of life during the past week? | 1. Very poor  
2.  
3.  
4.  
5.  
6.  
7. Excellent |
| 31. Did you feel uncertain about the future? | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
| 32. Did you feel you had setbacks in your condition? | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
| 33. Were you concerned about disruption of family life? | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
| 34. Did you have headaches? | 1. Not at All  
2. A little  
3. Quite a Bit  
4. Very Much |
|   | Question                                                                 | Options                        |
|---|--------------------------------------------------------------------------|--------------------------------|
| 35. | Has your outlook on the future worsened?                                | 1. Not at All 2. A little 3. Quite a Bit 4. Very Much |
| 36. | Did you have double vision?                                             | 1. Not at All 2. A little 3. Quite a Bit 4. Very Much |
| 37. | Was your vision blurred?                                                | 1. Not at All 2. A little 3. Quite a Bit 4. Very Much |
| 38. | Did you have difficulty reading because of your vision?                | 1. Not at All 2. A little 3. Quite a Bit 4. Very Much |
| 39. | Did you have seizures?                                                  | 1. Not at All 2. A little 3. Quite a Bit 4. Very Much |
| 40. | Did you have weakness on one side of your body?                         | 1. Not at All 2. A little 3. Quite a Bit 4. Very Much |
| 41. | Did you have trouble finding the right words to express yourself?      | 1. Not at All 2. A little 3. Quite a Bit 4. Very Much |
| 42. | Did you have difficulty speaking?                                       | 1. Not at All 2. A little 3. Quite a Bit 4. Very Much |
|   | Question                                                                                           | Options                                                                 |
|---|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 43.| Did you have trouble communicating your thoughts?                                                 | 1. Not at All                                                        |
|   |                                                                                                   | 2. A little                                                          |
|   |                                                                                                   | 3. Quite a Bit                                                       |
|   |                                                                                                   | 4. Very Much                                                         |
| 44.| Did you feel drowsy during the daytime?                                                           | 1. Not at All                                                        |
|   |                                                                                                   | 2. A little                                                          |
|   |                                                                                                   | 3. Quite a Bit                                                       |
|   |                                                                                                   | 4. Very Much                                                         |
| 45.| Did you have trouble with your coordination?                                                      | 1. Not at All                                                        |
|   |                                                                                                   | 2. A little                                                          |
|   |                                                                                                   | 3. Quite a Bit                                                       |
|   |                                                                                                   | 4. Very Much                                                         |
| 46.| Did hair loss bother you?                                                                         | 1. Not at All                                                        |
|   |                                                                                                   | 2. A little                                                          |
|   |                                                                                                   | 3. Quite a Bit                                                       |
|   |                                                                                                   | 4. Very Much                                                         |
| 47.| Did itching of your skin bother you?                                                               | 1. Not at All                                                        |
|   |                                                                                                   | 2. A little                                                          |
|   |                                                                                                   | 3. Quite a Bit                                                       |
|   |                                                                                                   | 4. Very Much                                                         |
| 48.| Did you have weakness of both legs?                                                                 | 1. Not at All                                                        |
|   |                                                                                                   | 2. A little                                                          |
|   |                                                                                                   | 3. Quite a Bit                                                       |
|   |                                                                                                   | 4. Very Much                                                         |
| 49.| Did you feel unsteady on your feet?                                                                 | 1. Not at All                                                        |
|   |                                                                                                   | 2. A little                                                          |
|   |                                                                                                   | 3. Quite a Bit                                                       |
|   |                                                                                                   | 4. Very Much                                                         |
| 50.| Did you have trouble controlling your bladder or urine?                                           | 1. Not at All                                                        |
|   |                                                                                                   | 2. A little                                                          |
|   |                                                                                                   | 3. Quite a Bit                                                       |
|   |                                                                                                   | 4. Very Much                                                         |