



Patient-Reported Living With Cancer Questionnaire

Please answer the following questions to the best of your ability.

1. Living with cancer, my level of daily activity is:

- a) Normal
- b) Reduced a little
- c) Moderately reduced but out of bed more than half the day
- d) Significantly reduced and in bed more than half the day
- e) Severely reduced and in bed most of the day

2. Living with cancer, I am able to do:

- a) All of the things I want
- b) Most of the things I want
- c) Many of the things I want
- d) Some of the things I want
- e) None of the things I want

3. Living with cancer, the pain I experience is:

- a) Non-existent
- b) Mild
- c) Moderate
- d) Severe
- e) Unbearable/constant

4. Living with cancer burdens my family:

- a) Not at all
- b) Occasionally
- c) Most days
- d) Part of each day
- e) All day every day

5. Living with cancer has impacted the financial well-being of me or my family:

- a) Not at all
- b) Minimally
- c) Moderately
- d) Significantly
- e) Severely

6. Living with cancer, I have pleasure/interest in doing things:

- a) All of the time
- b) Most days
- c) Some days
- d) Some parts of days
- e) None of the time

7. Living with cancer, I feel down, depressed, or hopeless:

- a) Not at all
- b) Some days
- c) Many days
- d) Most days
- e) All of the time

How much is this affecting your life?

- A. Not at all
- B. Moderately
- C. Significantly

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