

Version Control

Version	Date	Description of Changes	Changes to ID(s)	Author
V0.01	17/10/2025	Added initial screenshots		Inga Lipska
V1.00	03/12/2025	Finalized		RWS

EORTC IL445



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Start

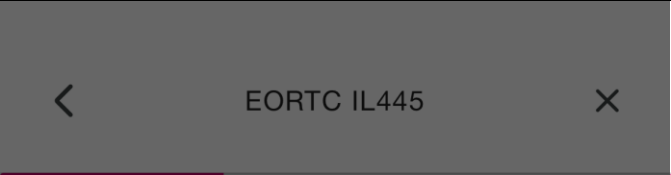
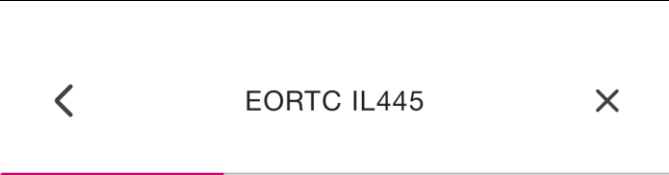
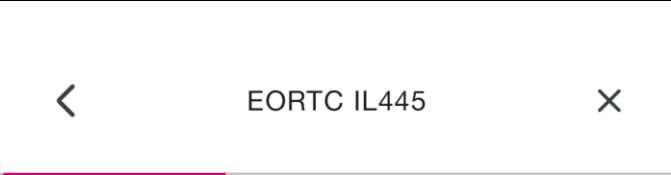


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Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems during the past week. Please answer by selecting the number that best applies to you.

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	During the past week: 1. Have you had itching? ☐ 1 Not at All ☐ 2 A Little ☐ 3 Quite a Bit Skip Question? Are you sure you want to skip the question? Cancel Yes Next	During the past week: 1. Have you had itching? ☐ 1 Not at All ☐ 2 A Little ☐ 3 Quite a Bit ☐ 4 Very Much Next	During the past week: 1. Have you had itching? ☐ 1 Not at All ☐ 2 A Little ☐ 3 Quite a Bit ☒ 4 Very Much Next



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**During the past week:**

2. Have you had pain in your stomach area?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

2. Have you had pain in your stomach area?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

3. Have you felt nauseated?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

3. Have you felt nauseated?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

4. Have you vomited?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

4. Have you vomited?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

5. Have you been constipated?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

5. Have you been constipated?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

6. Have you had diarrhea?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

6. Have you had diarrhea?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

Next

Next



Click Submit to save or the
back arrow to review.

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Submit



Thank you for taking the time
to complete the questions.

If you are having any
symptoms or concerns,
please discuss these with
your study team.

Close

