

Measure of Ovarian cancer Symptoms and Treatment concerns – MOST-T24 (MOST v2)

Patient's initials: Study no. Current date:

D D M M Y Y

Please **circle** one number for each line to best show **how much that aspect troubled you** on average during the last 3 to 4 weeks.

	No trouble at all	Mild			Moderate			Severe			Worst I can imagine
1. Abdominal pain, discomfort and/or cramps	0	1	2	3	4	5	6	7	8	9	10
2. Abdominal swelling, bloating and/or fullness	0	1	2	3	4	5	6	7	8	9	10
3. Indigestion	0	1	2	3	4	5	6	7	8	9	10
4. Trouble eating	0	1	2	3	4	5	6	7	8	9	10
5. Difficulty swallowing	0	1	2	3	4	5	6	7	8	9	10
6. Diarrhoea	0	1	2	3	4	5	6	7	8	9	10
7. Constipation	0	1	2	3	4	5	6	7	8	9	10
8. Shortness of breath	0	1	2	3	4	5	6	7	8	9	10
9. Nausea	0	1	2	3	4	5	6	7	8	9	10
10. Vomiting	0	1	2	3	4	5	6	7	8	9	10
11. Trouble sleeping	0	1	2	3	4	5	6	7	8	9	10
12. Fatigue (tiredness)	0	1	2	3	4	5	6	7	8	9	10
13. Bladder problems	0	1	2	3	4	5	6	7	8	9	10

Please **circle** one number for each line to show how you would have rated yourself on that aspect on average during the last 3 to 4 weeks.

	Best possible	Very good	Good	Fair	Poor	Very poor	Worst possible				
14. Physical well-being	10	9	8	7	6	5	4	3	2	1	0
15. Emotional well-being	10	9	8	7	6	5	4	3	2	1	0
16. Overall well-being	10	9	8	7	6	5	4	3	2	1	0

Measure of Ovarian cancer Symptoms and Treatment concerns - MOST-T24 (MOST v2)

Patient's initials: Study no. Current date:

D D M M Y Y

Please **circle** one number for each line to best show **how much that aspect troubled you** on average **during the last 3 to 4 weeks.**

	No trouble at all	Mild			Moderate			Severe			Worst I can imagine
	0	1	2	3	4	5	6	7	8	9	10
17. Altered sense of taste	0	1	2	3	4	5	6	7	8	9	10
18. Sore mouth or throat	0	1	2	3	4	5	6	7	8	9	10
19. Hair loss	0	1	2	3	4	5	6	7	8	9	10
20. Skin rash	0	1	2	3	4	5	6	7	8	9	10
21. Numbness or pins and needles	0	1	2	3	4	5	6	7	8	9	10
22. Sore hands and feet	0	1	2	3	4	5	6	7	8	9	10
23. Anxiety (feeling worried)	0	1	2	3	4	5	6	7	8	9	10
24. Depression (feeling sad)	0	1	2	3	4	5	6	7	8	9	10

Thank you for completing this questionnaire

SPECIMEN