**[Quality of life questionnaire for gastric cancer patients (KOQUSS-40)]**

\* Questions below ask you about your post-surgery health, quality of life and **satisfaction**.

Please check (v) to indicate the extent to which you are satisfied in regards to how you have been past week.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Over the past week** | **Very satisfied** | | **Slightly satisfied** | | **Slightly dissatisfied** | **Very dissatisfied** |
| 1. How is your overall health? | |  | |  |  |  |
| 2. How is your overall quality of life? | |  | |  |  |  |
| 3. Are you satisfied with your cancer treatment? | |  | |  |  |  |
| 4. Are you satisfied with the surgical scars? | |  | |  |  |  |
| 5. Are you satisfied with the cost of your cancer treatment? | |  | |  |  |  |

\* Questions below ask you about post-surgery **symptoms** which you may experience.

Please check (v) to indicate the extent to which you have experienced in regards to how you have been past week.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over the past week** | **Not at all** | **Somewhat** | **Quite** | **Very much** |
| 6. Do you feel uncomfortable because you eat slowly in social situation? |  |  |  |  |
| 7. Do you feel uncomfortable because you eat too often? |  |  |  |  |
| 8. Do you feel uncomfortable carrying on with daily life due to lack of energy? |  |  |  |  |
| 9. Has the amount of food intake decreased compared to before surgery? |  |  |  |  |
| 10. Has your appetite reduced? |  |  |  |  |
| 11. Do you feel full even if you ate small amount of food? |  |  |  |  |
| 12. Do you feel food gets stuck in the throat when eating? |  |  |  |  |
| 13. Do you feel something is stuck in the throat when drinking water? |  |  |  |  |
| 14. Do you feel discomfort with fullness in your upper abdomen after eating? |  |  |  |  |
| 15. Do you feel food is regurgitating back up (coming up)? |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Over the past week** | **Not at all** | **Somewhat** | **Quite** | **Very much** |
| 16. Do you get bitter water from the stomach to your mouth? |  |  |  |  |
| 17. Do you have any burning sensation in your chest? |  |  |  |  |
| 18. Have you ever had abdominal pain with bloating after a meal? |  |  |  |  |
| 19. Have you ever had a heart palpitation after a meal? |  |  |  |  |
| 20. Have you ever had a blush or hot face after a meal? |  |  |  |  |
| 21. Have you ever turned pale after a meal? |  |  |  |  |
| 22. Have you ever had a sudden cold sweat before? |  |  |  |  |
| 23. Have you ever had diarrhea after a meal? |  |  |  |  |
| 24. Have you ever had any abdominal pain that is not related to eating? |  |  |  |  |
| 25. Do you feel uncomfortable due to gas pains? |  |  |  |  |
| 26. Do you feel uncomfortable due to frequent bowel movement? |  |  |  |  |
| 27. Do you feel uncomfortable due to frequent wind? |  |  |  |  |
| 28. Do you feel uncomfortable with constipation? |  |  |  |  |
| 29. Do you have hard stool? |  |  |  |  |
| 30. Have you ever been nervous? |  |  |  |  |
| 31. Have you ever been depressed? |  |  |  |  |
| 32. Have you ever felt lethargic? |  |  |  |  |
| 33. Do you have insomnia? |  |  |  |  |
| 34. Have you ever suddenly been dizzy and wanted to sit down? |  |  |  |  |
| 35. Are you worried about losing weight? |  |  |  |  |
| 36. Are you reluctant to go to the bathroom or pool because of a surgical scar? |  |  |  |  |
| 37. Are you worried about your stomach cancer coming back? |  |  |  |  |
| 38. Do you have pain in your surgical scar? |  |  |  |  |
| 39. Do you have itchiness in your surgical scar? |  |  |  |  |
| 40. Do you have financial difficulty because of the cost of your cancer treatmen |  |  |  |  |