# Ovarian Cancer Symptom Questionnaire

Are you currently experiencing any of the following symptoms? Check the box Yes or No. If yes, circle the option for the number of days per month and the option for the number of months you experience each symptom. If your symptoms occur less than 50% of the month, then the association with ovarian cancer is much lower.

**1. Pain: abdominal/pelvic pain**

☐ No ☐ Yes

***If yes,*** *how many* ***days*** *per month do you experience this symptom? (Circle option)*

0-5 days | 6-12 days | More than 13 days

***If yes,*** *how* ***long*** *have you had this symptom? (Circle option)*

Less than 1 month | 1-6 months | 7-12 months | More than 1 year

**2. Eating: feeling full quickly or unable to eat normally**

☐ No ☐ Yes

***If yes,*** *how many* ***days*** *per month do you experience this symptom? (Circle option)*

0-5 days | 6-12 days | More than 13 days

***If yes,*** *how* ***long*** *have you had this symptom? (Circle option)*

Less than 1 month | 1-6 months | 7-12 months | More than 1 year

**3. Abdomen: abdominal bloating or increased abdomen size**

☐ No Yes

***If yes,*** *how many* ***days*** *per month do you experience this symptom? (Circle option)*

0-5 days | 6-12 days | More than 13 days

***If yes,*** *how* ***long*** *have you had this symptom? (Circle option)*

Less than 1 month | 1-6 months | 7-12 months | More than 1 year