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## Disease Specific Quality of Life in Keratinocyte Cancer; The development and use of the BaSQoL questionnaire

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# BaSQoL questionnaire NL and EN



## BaSQoL-NL

De volgende vragen gaan over de invloed van de huidkanker op uw dagelijks leven

Sinds de diagnose huidkanker,	Helemaal niet	Een beetje	Nogal	Heel erg
1. Vindt u het vervelend dat u moet letten op uw zongedrag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vindt u het vervelend dat u meer zonnebrandproduct (crème, spray, etc.) moet gebruiken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Vindt u het vervelend dat u uw huid moet controleren op huidkanker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Vindt u het vervelend uw huid beter te moeten beschermen tegen de zon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Heeft u het gevoel anderen te moeten aanmoedigen om hun huid te laten controleren?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Als u terugdenkt aan de periode van diagnose en behandeling,	Helemaal niet	Een beetje	Nogal	Heel erg
6. Maakte u zich zorgen over de periode tussen diagnose en behandeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was u bang voor de behandeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Was u geschrokken van het woord kanker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gedurende de afgelopen week,	Helemaal niet	Een beetje	Nogal	Heel erg
9. Was u bang om op meerdere plaatsen huidkanker te krijgen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Maakte u zich zorgen over uitzaaiingen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was u onzeker over de toekomst?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Maakte u zich zorgen over andere huidafwijkingen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Maakte u zich zorgen verminderd aantrekkelijk te zijn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vond u het vervelend om uw kleding aan te passen om littekens en plekken te bedekken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Voelde u zich minder aantrekkelijk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Maakte u zich zorgen over de huid van anderen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## BaSQoL-EN

The following questions are about the influence of skin cancer on your daily life

Since the skin cancer diagnosis,	Not at all	A little	Quite a bit	Very much
17. Does it bother you to be careful about your behavior in the sun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does it bother you to use more sunscreen (cream, spray, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Does it bother you to check your skin for skin cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does it bother you to have to protect your skin from the sun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you feel that you have to encourage others to get their skin checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you think back to the time of diagnosis and treatment,	Not at all	A little	Quite a bit	Very much
22. Were you worried about the period between diagnosis and treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Were you afraid of the treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Were you frightened by the word cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the past week,	Not at all	A little	Quite a bit	Very much
25. Were you afraid to get skin cancer on multiple body sites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Were you worried about skin cancer spreading to other parts of the body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Were you uncertain about the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Were you worried about other skin disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Were you worried that you would be less attractive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Did it bother you to adjust your clothing in order to cover your scars and spots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Did you feel less attractive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Were you worried about other people's skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>