**EORTC IL71 – Arabic for Israel Proofreading Report**

| **Ref** | **Source English Questionnaire Wording** | **Arabic for Israel Translation** | **Revised Arabic for Israel Translation** | **Reason for changes** |
| --- | --- | --- | --- | --- |
| 1 | **EORTC IL29** | **EORTC IL71** |  |  |
| 2 | Patients sometimes report that they have the following symptoms or problems. | يقول المرضى في بعض الأحيان أنهم يتعرضون للأعراض أو المشاكل التالية. |  |  |
| 3 | Please indicate the extent to which you have experienced these symptoms or problems during the past week. | الرجاء تحديد إلى أي مدى حدثت لك هذه الأعراض أو المشاكل خلال الأسبوع الماضي. |  |  |
| 4 | Please answer by circling the number that best applies to you. | ترجى الإجابة من خلال وضع دائرة على الرقم الذي ينطبق عليك بأفضل شكل. |  |  |
| 5 | **During the past week:** | خلال الأسبوع الماضي**:** |  |  |
| 6 Q31 | Have you had headaches? | هل عانيت من أي صداع؟ |  |  |
| 7 Q32 | Did you have seizures? | هلتعرضتلنوباتمفاجئةمنالمرض؟ |  |  |
| 8 Q33 | Have you had trouble finding the right words toexpress yourself? | هلكنتتجدصعوبةفيإيجادالكلماتالمناسبةللتعبيرعنأفكارك؟ |  |  |
| 9 Q34 | Have you had problems speaking? | هلشعرتبصعوبةٍفيالكلام؟ |  |  |
| 10 Q35 | Did you have trouble communicating your thoughts? | هلكنتتجدصعوبةفينقلأفكاركللآخرين؟ |  |  |
| 11 Q36 | Did you have weakness on one side of your body? | هلشعرتبضعففيأحدأجزاءجسمك؟ |  |  |
| 12 Q37 | Did you have trouble with your coordination? | هلكنتتجدصعوبةفيتناسقحركاتكالجسمية؟ |  |  |
| 13 Q38 | Did you feel unsteady on your feet? | هلشعرتبعدمالاستقراروأنتتقفعلىقدميك؟ |  |  |
| 14 Q39 | Have you had aches or pain in your bones? | هلشعرتبأوجاعأوآلامفيعظامك؟ |  |  |
| 15 Q40 | Have you had soreness in your mouth? | هل كانت لديك تقرحات في فمك؟ |  |  |
| 16 Q41 | Have you coughed? | هلكانلديكسعال؟ |  |  |
| 17 Q42 | Have you had a rash? | هلكانلديكطفحجلدي؟ |  |  |
| 18 Q43 | Has your vision been blurred? | هلعانيتمنضبابيةٍفيالرؤية؟ |  |  |
| 19 Q44 | Did you have double vision? | هل كانت لديك رؤية مزدوجة؟ |  |  |
| 20 Q45 | Have you had tingling or numbness in your fingers or toes? | هلعانيتمنوخزأوخدرفيأصابعيديكأوأصابعقدميك؟ |  |  |
| 21 Q46 | To what extent have you been troubled with side-effects from your treatment? | كمكنتمنزعجاًمنالتأثيراتالجانبيةالناتجةعنعلاجك ؟ |  |  |
| 22 R31-46 | **Not at All****A Little****Quite a Bit****Very Much** | **لا أبدًا****قليلًا****كثيرًا****كثيرًا جدًّا** |  |  |

**Reference column key**

Q1 = Question 1

R1 = Response options for question 1

R3-7 = Response options for questions 3 to 7

\* = Text which is repeated in the questionnaire