

Table 3 Response to single items in the QLQ-C30 questionnaire

Question	All	Pleurocath®	PleurX®	P value
1. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?				
Not at all	2	0	2	
A little bit	12	7	5	
Quite a bit	6	3	3	
Very much	0	0	0	0.54
2. Do you have any trouble taking a long walk?				
Not at all	3	1	2	
A little bit	11	6	5	
Quite a bit	5	2	3	
Very much	1	1	0	1.00
3. Do you have any trouble taking a short walk outside of the house?				
Not at all	13	7	6	
A little bit	5	2	3	
Quite a bit	2	1	1	
Very much	0	0	0	1.00
4. Do you need to stay in bed or a chair during the day?				
Not at all	5	4	1	
A little bit	11	5	6	
Quite a bit	3	1	2	
Very much	1	0	1	0.44
5. Do you need help with eating, dressing, washing yourself or using the toilet?				
Not at all	14	7	7	
A little bit	5	3	2	
Quite a bit	1	0	1	
Very much	0	0	0	1.00
During the past week				
6. Were you limited in doing either your work or other daily activities?				
Not at all	4	1	3	
A little bit	6	4	2	
Quite a bit	10	5	5	
Very much	0	0	0	0.45
7. Were you limited in pursuing your hobbies or other leisure time activities?				
Not at all	6	3	3	
A little bit	6	3	3	
Quite a bit	7	3	4	
Very much	1	1	0	1.00
8. Were you short of breath?				
Not at all	3	2	1	
A little bit	9	3	6	
Quite a bit	6	4	2	
Very much	2	1	1	0.71
9. Have you had pain?				
Not at all	3	2	1	
A little bit	8	2	6	
Quite a bit	9	6	3	
Very much	0	0	0	0.33
10. Did you need to rest?				
Not at all	2	1	1	
A little bit	7	3	4	
Quite a bit	9	6	3	
Very much	2	0	2	0.54
11. Have you had trouble sleeping?				
Not at all	7	2	5	
A little bit	9	5	4	
Quite a bit	3	2	1	
Very much	1	1	0	0.47
12. Have you felt weak?				
Not at all	2	1	1	
A little bit	10	6	4	
Quite a bit	6	3	3	
Very much	2	0	2	0.75
13. Have you lacked appetite?				
Not at all	11	5	6	
A little bit	5	2	3	
Quite a bit	4	3	1	
Very much	0	0	0	0.70
14. Have you felt nauseated?				
Not at all	12	6	6	
A little bit	3	1	2	
Quite a bit	5	3	2	
Very much	0	0	0	1.00
15. Have you vomited?				
Not at all	13	8	5	
A little bit	6	2	4	
Quite a bit	0	0	1	
Very much	0	0	0	0.35
16. Have you been constipated?				
Not at all	12	7	5	
A little bit	7	2	5	
Quite a bit	1	1	0	
Very much	0	0	0	0.35
17. Have you had diarrhea?				
Not at all	17	9	8	
A little bit	3	1	2	
Quite a bit	0	0	0	
Very much	0	0	0	1.00
18. Were you tired?				
Not at all	3	2	1	
A little bit	9	3	6	
Quite a bit	7	5	2	
Very much	1	0	1	0.39
19. Did pain interfere with your daily activities?				
Not at all	9	3	6	
A little bit	6	4	2	
Quite a bit	4	2	2	
Very much	0	0	0	0.60
20. Have you had difficulty in concentrating on things, like reading a newspaper or watching television?				
Not at all	14	7	7	
A little bit	6	3	3	
Quite a bit	0	0	0	
Very much	0	0	0	1.00
21. Did you feel tense?				
Not at all	5	2	3	
A little bit	11	5	6	
Quite a bit	4	3	1	
Very much	0	0	0	0.70
22. Did you worry?				
Not at all	3	2	1	
A little bit	13	7	6	
Quite a bit	3	0	3	
Very much	0	0	0	0.37
23. Did you feel irritable?				
Not at all	8	2	6	
A little bit	10	6	4	
Quite a bit	1	1	0	
Very much	0	0	0	0.17
24. Did you feel depressed?				
Not at all	10	5	5	
A little bit	10	5	5	
Quite a bit	0	0	0	
Very much	0	0	0	1.00
25. Have you had difficulty remembering things?				
Not at all	12	6	6	
A little bit	7	3	4	
Quite a bit	1	1	0	
Very much	0	0	0	1.00
26. Has your physical condition or medical treatment interfered with your family life?				
Not at all	15	8	7	
A little bit	5	2	3	
Quite a bit	0	0	0	
Very much	0	0	0	1.00
27. Has your physical condition or medical treatment interfered with your social activities?				
Not at all	12	7	5	
A little bit	6	2	4	
Quite a bit	2	1	1	
Very much	0	0	0	0.80
28. Has your physical condition or medical treatment caused you financial difficulties?				
Not at all	15	7	8	
A little bit	4	2	2	
Quite a bit	1	1	0	
Very much	0	0	0	1.00
For the following questions please circle the number between 1 and 7 that best applies to you				
29. How would you rate your overall health during the past week?				
Very poor 1	0	0	0	
2	1	1	0	
3	5	3	2	
4	9	5	4	
5	4	1	3	
6	0	0	0	
Excellent 7	1	0	1	0.75
30. How would you rate your overall quality of life during the past week?				
Very poor 1	0	0	0	
2	2	2	0	
3	3	1	2	
4	10	6	4	
5	3	1	2	
6	1	0	1	
Excellent 7	1	0	1	0.57