OBJECTIVES: To determine the HRQoL scores in patients treated with a curative intent as outpatients after having completed their treatment in a tertiary hospital. METHODS: We selected patients with colorectal cancer, treated with surgery and chemotherapy. At the end of the treatment we applied the EQ-5D questionnaire: QLC-C30, QLC-C29 and IN-PATSAT32. The mean and standard deviation were calculated. The scores for questionnaires were calculated with formulas and instructions according to EORTC Scoring Manual. The scores were correlated through Pearson R test. RESULTS: Global health status/QoL showed a mean score of 88.26 (±16.99); the other means were: role functioning 97.73 (±7.79), emotional functioning 84.09 (±13.34), diabetes 15.15 (±26.68), constipation 13.64 (±19.68), urinary frequency 22.73 (±29.34), abdominal pain 7.93 (±14.30), bloating 7.58 (±14.30), dry mouth 9.09 (±18.35), sore skin 15.15 (±32.08), stomata care problems 16.67 (±25.20). In the satisfaction questionnaire, the scores for different health and social skills 90.15 (±6.59) and information 90.91 (±6.65), for nurses: technical skills 76.89 (±24.25) and information provision 68.94 (±25.22), access 58.52 (±29.30), waiting times 54.55 (±26.32), comfort/cleanness 61.36 (±31.55) and general satisfaction 72.73 (±25.48). We also documented associations between physical functioning and body surface (rP < 0.05), albumin serum levels (rP 0.85; p 0.01), dry mouth and glucose serum levels (rP 0.52; p 0.01), role functioning and carcinoembryonic antigen (rP-0.45; p0.03), physical health-related QoL and body surface (rP-0.79; p<0.01), emotional functioning 84.09 (±13.34), diarrhoea 15.15 (±26.68), emotional functioning 84.09 (±13.34), diarrhoea 15.15 (±26.68), emotional functioning 84.09 (±13.34), diarrhoea 15.15 (±26.68), emotional functioning 84.09 (±13.34), diarrhoea 15.15 (±26.68), emotional functioning 84.09 (±13.34), diarrhoea 15.15 (±26.68), emotional functioning 84.09 (±13.34), diarrhoea 15.15 (±26.68). Long waiting times for hip and knee total joint replacement (TJR) patients were randomized to choice arm (n = 97) and no-choice arm (n = 55). Health utility was measured using D1 and MM-OC models, respectively. For treatment response, mean difference in EQ-5D scores between responders and non-responders using D1 and MM-OC models, respectively. The surgeon reputation is a key element of surgeon selection, and patients are willing to choose the next available surgeon. Preferences in alternative specifications of status quo/opt-out were statistically different. CONCLUSIONS: The surgeon reputation is a key element of surgeon selection, and patients are willing to choose the next available surgeon. Preferences in alternative specifications of status quo/opt-out were statistically different. CONCLUSIONS: The surgeon reputation is a key element of surgeon selection, and patients are willing to choose the next available surgeon. Preferences in alternative specifications of status quo/opt-out were statistically different.