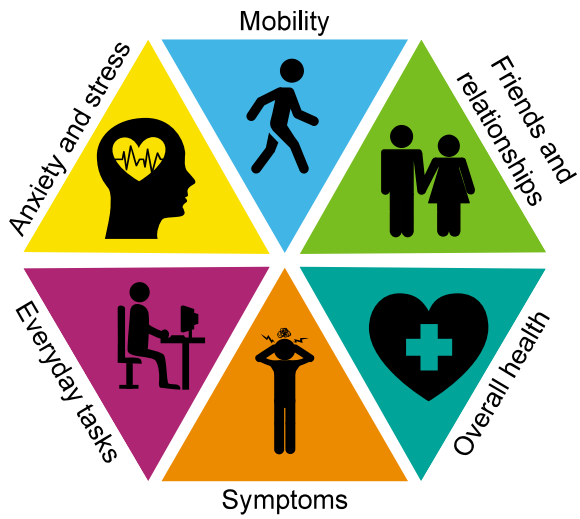
Cancer Quality of Life Survey



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How to fill in this survey

If you need help filling in the survey (for example in another language), or have any questions, please get in touch using the contact details found in the letter.

If you prefer, you can fill in the survey online at www.CQoL.uk using your username and password found in the letter.

This survey will take about 5 to 10 minutes to complete.

- Please answer based on how you feel when you complete the survey. This could be because of your cancer diagnosis and treatment, other illnesses and events in your life.
- This survey is about you and how you feel. If you are helped to complete the survey, please provide answers from your point of view, and not from your helper.
- There are no right or wrong answers. If you are unsure about how to answer, put the best answer you can and move on to the next question.
- Do not spend too long on each question – the first answer you think of is usually the best one.
- If you feel unable to answer any of the questions, or if you feel too uncomfortable answering them, you can leave them blank.
- Please try to answer all the questions. The more questions that you complete, the more we can understand what life is like for people who have had cancer.

Your survey responses will not be seen by any health professionals providing you with care. If you are worried about your health, or the way you are feeling, please get in touch with your GP or specialist nurse.

Date this survey is being filled in: ☐☐ / ☐☐ / ☐☐☐☐
D D M M Y Y Y Y

Please tell us who is filling in this survey? Please tick one box.

1 ☐ You, the person to whom this survey was sent

2 ☐ Someone else who is helping you, such as your partner, carer, family, or a friend

Tell us about your overall health

Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY

- I have no problems in walking about ☐ 1
- I have slight problems in walking about ☐ 2
- I have moderate problems in walking about ☐ 3
- I have severe problems in walking about ☐ 4
- I am unable to walk about ☐ 5

SELF-CARE

- I have no problems washing or dressing myself ☐ 1
- I have slight problems washing or dressing myself ☐ 2
- I have moderate problems washing or dressing myself ☐ 3
- I have severe problems washing or dressing myself ☐ 4
- I am unable to wash or dress myself ☐ 5

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities ☐ 1
- I have slight problems doing my usual activities ☐ 2
- I have moderate problems doing my usual activities ☐ 3
- I have severe problems doing my usual activities ☐ 4
- I am unable to do my usual activities ☐ 5

PAIN / DISCOMFORT

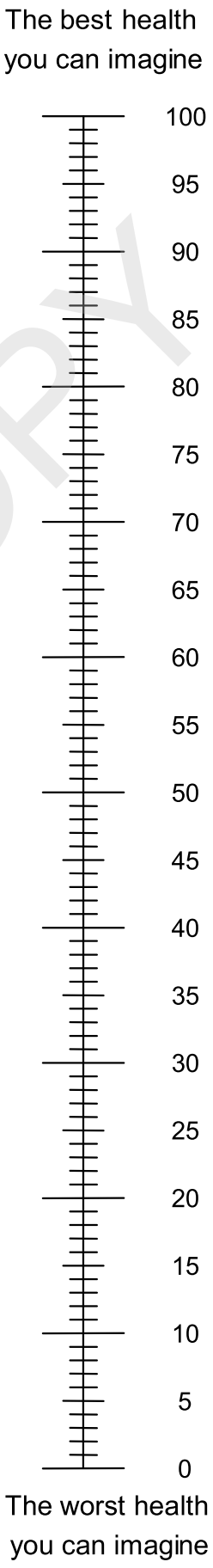
- I have no pain or discomfort ☐ 1
- I have slight pain or discomfort ☐ 2
- I have moderate pain or discomfort ☐ 3
- I have severe pain or discomfort ☐ 4
- I have extreme pain or discomfort ☐ 5

ANXIETY / DEPRESSION

- I am not anxious or depressed ☐ 1
- I am slightly anxious or depressed ☐ 2
- I am moderately anxious or depressed ☐ 3
- I am severely anxious or depressed ☐ 4
- I am extremely anxious or depressed ☐ 5

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =



Tell us about the quality of your health

EORTC QLQ-C30 (Version 3)

We are interested in some things about you and your health. Please answer all of the questions yourself by ticking the box that best applies to you. There are no "right" or "wrong" answers. The information that you provide will remain strictly confidential.

		Not at All	A little	Quite a Bit	Very Much
1.	Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?	☐ 1	☐ 2	☐ 3	☐ 4
2.	Do you have any trouble taking a long walk?	☐ 1	☐ 2	☐ 3	☐ 4
3.	Do you have any trouble taking a short walk outside of the house?	☐ 1	☐ 2	☐ 3	☐ 4
4.	Do you need to stay in bed or a chair during the day?	☐ 1	☐ 2	☐ 3	☐ 4
5.	Do you need help with eating, dressing, washing yourself or using the toilet?	☐ 1	☐ 2	☐ 3	☐ 4

During the past week:		Not at All	A little	Quite a Bit	Very Much
6.	Were you limited in doing either your work or other daily activities?	☐ 1	☐ 2	☐ 3	☐ 4
7.	Were you limited in pursuing your hobbies or other leisure time activities?	☐ 1	☐ 2	☐ 3	☐ 4
8.	Were you short of breath?	☐ 1	☐ 2	☐ 3	☐ 4
9.	Have you had pain?	☐ 1	☐ 2	☐ 3	☐ 4
10.	Did you need to rest?	☐ 1	☐ 2	☐ 3	☐ 4
11.	Have you had trouble sleeping?	☐ 1	☐ 2	☐ 3	☐ 4
12.	Have you felt weak?	☐ 1	☐ 2	☐ 3	☐ 4
13.	Have you lacked appetite?	☐ 1	☐ 2	☐ 3	☐ 4
14.	Have you felt nauseated?	☐ 1	☐ 2	☐ 3	☐ 4
15.	Have you vomited?	☐ 1	☐ 2	☐ 3	☐ 4
16.	Have you been constipated?	☐ 1	☐ 2	☐ 3	☐ 4

Please go on to the next page

During the past week:	Not at All	A little	Quite a Bit	Very Much
17. Have you had diarrhoea?	☐ 1	☐ 2	☐ 3	☐ 4
18. Were you tired?	☐ 1	☐ 2	☐ 3	☐ 4
19. Did pain interfere with your daily activities?	☐ 1	☐ 2	☐ 3	☐ 4
20. Have you had difficulty in concentrating on things, like reading a newspaper or watching television?	☐ 1	☐ 2	☐ 3	☐ 4
21. Did you feel tense?	☐ 1	☐ 2	☐ 3	☐ 4
22. Did you worry?	☐ 1	☐ 2	☐ 3	☐ 4
23. Did you feel irritable?	☐ 1	☐ 2	☐ 3	☐ 4
24. Did you feel depressed?	☐ 1	☐ 2	☐ 3	☐ 4
25. Have you had difficulty remembering things?	☐ 1	☐ 2	☐ 3	☐ 4
26. Has your physical condition or medical treatment interfered with your family life?	☐ 1	☐ 2	☐ 3	☐ 4
27. Has your physical condition or medical treatment interfered with your social activites?	☐ 1	☐ 2	☐ 3	☐ 4
28. Has your physical condition or medical treatment caused you financial difficulties?	☐ 1	☐ 2	☐ 3	☐ 4

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?

1 2 3 4 5 6 7

Very poor Excellent

30. How would you rate your overall quality of life during the past week?

1 2 3 4 5 6 7

Very poor Excellent

Thank you for completing the survey

We really appreciate the time you've taken to fill this in.

Your answers will help us improve services for people diagnosed with and treated for cancer.

Thank you!

Please send us back your completed survey using the FREEPOST envelope provided.