

# CancerDQoL

This questionnaire asks about your quality of life – in other words how good or bad you feel your life to be.

Please put an “X” in the box that best indicates your response for each item.

What we would like to know is how you feel about your life now.

<b>I) In general, my present quality of life is:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
excellent	very good	good	neither good nor bad	bad	very bad	extremely bad

Now we would like to know how your quality of life is affected by your experience of cancer. Please consider what your quality of life would be like without cancer i.e. without the experience of:

- cancer
- cancer-related treatment
- any side effects

<b>II) Without cancer, my quality of life would be:</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
very much better	much better	a little better	the same	worse

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The following items are about different aspects of your life. Each item is divided into two parts:

In Part (a) please show how your experience of cancer affects this aspect of your life  
 In Part (b) please show how important this aspect is to your quality of life.

<b>1</b>	(a)	<b>Without cancer, I would enjoy my leisure activities:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very much more      much more      a little more      the same      less
	(b)	<b>My leisure activities are:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very important      important      somewhat important      not at all important

<b>2</b>	<b>Are you currently working (paid or voluntary work)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>yes</b> , complete (a) and (b). <b>If no, would you like to work?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>yes</b> , complete (a) and (b). If <b>no</b> to <u>both</u> questions, go straight to 3.			
	(a)	<b>Without cancer, my working life would be:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very much better      much better      a little better      the same      worse		
	(b)	<b>For me, having a working life is:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very important      important      somewhat important      not at all important		

<b>3</b>	<b>Do you ever go on holiday?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>yes</b> , complete (a) and (b). <b>If no, would you like to go on holiday?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>yes</b> , complete (a) and (b). If <b>no</b> to <u>both</u> questions, go straight to 4a.			
	(a)	<b>Without cancer, my holidays would be:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very much better      much better      a little better      the same      worse		
	(b)	<b>For me, holidays are:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very important      important      somewhat important      not at all important		

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<b>4</b>	<b>(a)</b>	<b>Without cancer, physically I could do:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			very much more	much more	a little more	the same	less
	<b>(b)</b>	<b>For me, how much I can do physically is:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			very important	important	somewhat important	not at all important	

<b>5</b>	<b>Do you have any family / relatives?</b>						
	Yes <input type="checkbox"/> If <b>yes</b> , complete (a) and (b).						
	No <input type="checkbox"/> If <b>no</b> , go straight to 6a.						
	<b>(a)</b>	<b>Without cancer, my family life would be:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			very much better	much better	a little better	the same	worse
	<b>(b)</b>	<b>My family life is:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			very important	important	somewhat important	not at all important	

<b>6</b>	<b>(a)</b>	<b>Without cancer, my friendships and social life would be:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			very much better	much better	a little better	the same	worse
	<b>(b)</b>	<b>My friendships and social life are:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			very important	important	somewhat important	not at all important	

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