QOL SCALE - FAMILY

inTeleScans powered by Teleform

Protocol ID:	Research Participant #	UPN:	Evaluation Code	Nurse ID:	Institution:
ProtocolID	RPN	UPN	EvaluationCode	NurseID	Institution

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

Directions: We are interested in knowing how your experience of having a loved one with cancer affects your Quality of Life. Please answer all of the following questions based on your life **at this time**.

Please **fill in** a bubble from 0 - 10 that best describes your experiences:

PHYSICAL WELL BEING

To what extent are the following a problem for you:

1. **Fatigue**
   Fatigue
   No Problem 0 1 2 3 4 5 6 7 8 9 10 Severe Problem

2. **Appetite changes**
   Appetite
   No Problem 0 1 2 3 4 5 6 7 8 9 10 Severe Problem

3. **Pain or aches**
   Pain
   No Problem 0 1 2 3 4 5 6 7 8 9 10 Severe Problem

4. **Sleep changes**
   SleepChange
   No Problem 0 1 2 3 4 5 6 7 8 9 10 Severe Problem

5. **Rate your overall physical health**
   OverallPhysicalHealth
   Extremely Poor 0 1 2 3 4 5 6 7 8 9 10 Excellent

6. **How difficult is it for you to cope as a result of your family member's disease and treatment?**
   DifficultToCope
   Not at All 0 1 2 3 4 5 6 7 8 9 10 Extremely Difficult

7. **How good is your overall quality of life?**
   LifeQuality
   Extremely Poor 0 1 2 3 4 5 6 7 8 9 10 Excellent

8. **How much happiness do you feel?**
   Happiness
   None at All 0 1 2 3 4 5 6 7 8 9 10 Complete

9. **Do you feel like you are in control of things in your life?**
   LifeControl
   Not at All 0 1 2 3 4 5 6 7 8 9 10 Completely

10. **How satisfying is your life?**
    LifeSatisfy
    Not at All 0 1 2 3 4 5 6 7 8 9 10 Completely

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CarBITS.dbo.NurseQOLScaleFam (vNurseQOLScaleFam)

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PHYSICAL WELL BEING (Continued)

11. **How is your present ability to concentrate or to remember things?**

MemoryAbility

Extremely Poor 0 1 2 3 4 5 6 7 8 9 10 Excellent

12. **How useful do you feel?**

FeelUseful

Not at All 0 1 2 3 4 5 6 7 8 9 10 Extremely

13. **How distressing was your family member's initial diagnosis for you?**

InitialFamilyDistress

Not at All 0 1 2 3 4 5 6 7 8 9 10 Extremely

14. **How distressing were your family member's cancer treatments (i.e., chemotherapy, radiation, BMT, or surgery) for you?**

CancerTxDistress

Not at All 0 1 2 3 4 5 6 7 8 9 10 Extremely

15. TreatmentEndDistressNA **e been since your family member's treatment ended?**

-8 Not Applicable. My family member's treatment has not ended.

TreatmentEndDistress

Not at All 0 1 2 3 4 5 6 7 8 9 10 Extremely

16. **How much anxiety do you have?**

Anxiety

None at All 0 1 2 3 4 5 6 7 8 9 10 Severe

17. **How much depression do you have?**

Depression

None at All 0 1 2 3 4 5 6 7 8 9 10 Severe

18. **Are you fearful of a second cancer for your family member?**

SecondCaFear

Not at All 0 1 2 3 4 5 6 7 8 9 10 Extremely

19. **Are you fearful of recurrence of your family member's cancer?**

RecurrenceFear

Not at All 0 1 2 3 4 5 6 7 8 9 10 Extremely

20. **Are you fearful of the spreading (metastasis) of your family member's cancer?**

MetastasisFear

Not at All 0 1 2 3 4 5 6 7 8 9 10 Extremely

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PHYSICAL WELL BEING (Continued)

21. **Rate your overall psychological well being**

OverallPhychologicalHealth

Extremely Poor ○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10 Excellent

SOCIAL CONCERNS

22. **How distressing has your family member's illness been for your family?**

IllnessDistress

Not at All ○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10 Extremely

23. **Is the amount of support you receive from others sufficient to meet your needs?**

SufficientSupport

Not at All ○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10 Completely

24. **To what degree has your family member's illness or treatment interfered with your personal relationships?**

RelationInterfered

Not at All ○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10 Completely

25. **To what degree has your family member's illness or treatment interfered with your sexuality?**

SexualityInterfered

Not at All ○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10 Completely

26. **To what degree has your family member's illness or treatment interfered with your employment?**

EmploymentInterfered

No Problem ○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10 Severe Problem

27. **To what degree has your family member's illness or treatment interfered with your activities at home?**

ActivityInterfered

No Problem ○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10 Severe Problem

28. **How much i caused by your family member's illness or treatment?**

Isolation

None ○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10 Complete

29. **How much f sulted from your family member's illness or treatment?**

FinancialBurden

None ○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10 Extreme

30. **Rate your o**

OverallSocialHealth

Extremely Poor ○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10 Excellent

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SPIRITUAL WELL-BEING

31. **Is the amount of support you receive from religious activities such as going to church or temple sufficient to meet your needs?**

ReligiousSupport

Not at All 0 1 2 3 4 5 6 7 8 9 10 Completely

32. **Is the amount of support you receive from personal spiritual activities such as prayer or meditation sufficient to meet your needs?**

PersonalSpiritualSupport

Not at All 0 1 2 3 4 5 6 7 8 9 10 Completely

33. **How much uncertainty do you feel about your family member's future?**

FutureUncertainty

None at All 0 1 2 3 4 5 6 7 8 9 10 Extreme

34. **Has your family member's illness made positive changes in your life?**

PositiveChanges

None at All 0 1 2 3 4 5 6 7 8 9 10 Extreme

35. **Do you have a purpose/mission for your life or a reason for being alive?**

PurposeOfLife

Not at All 0 1 2 3 4 5 6 7 8 9 10 Completely

36. **How hopeful do you feel today?**

Hopeful

Not at All 0 1 2 3 4 5 6 7 8 9 10 Extremely

37. **Rate your overall spiritual well being.**

OverallSpiritualHealth

Extremely Poor 0 1 2 3 4 5 6 7 8 9 10 Excellent

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