

Telephone interview administration script

Quality of Life Questionnaire-Core 30 version 3 (QLQ-C30)

Version 2.2

Interview date: _____ / _____ / _____
 DD *MM* *YYYY*

Name of interviewer: _____, _____
 Last *First*

Patient ID: _____

Context and objectives

The Quality of Life Questionnaire-Core 30 (QLQ-C30) is a 30-item questionnaire developed by the European Organisation for Research and Treatment of Cancer (EORTC) to assess generic aspects of QoL in cancer. The QLQ-C30 was developed to be administered through a paper version that is completed directly by the patient. The objective of this document is to provide the script for the phone administration of the QLQ-C30.

Methods

Instructions for the interviewer

- Please follow the script exactly as it is written down. All words must be read.
- Notes for the interviewer are written in *italics* and thus should not be read to the patient.
- Notes in boxes cover instructions for events that may potentially occur during administration.
- You must not help the patient answering the questions, even if they do not understand the questions.
- Please allow them enough time to answer.
- You can repeat the questions to patients as many times as they request.
- Please select the answer chosen by the patient.

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QLQ-C30 phone script

QLQ-C30 version 3

This questionnaire is designed to give us information about you and your health.

Please answer the questions in every section by indicating one and only one response that most closely describes you.

I will begin with the first section.

Section 1 - General quality of life

In this section, there are 5 questions which will ask you about your daily functioning. The response options for each question are 'not at all', 'a little', 'quite a bit', and 'very much'.

Please indicate the response that most closely describes you for each question:

(Note to interviewer: For words that are underlined, please emphasise the word when the word is spoken).

1. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 2. Do you have any trouble taking a long walk?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 3. Do you have any trouble taking a short walk outside of the house?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 4. Do you need to stay in bed or a chair during the day?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 5. Do you need help with eating, dressing, washing yourself or using the toilet?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
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[Record responses. Note that if the patient cannot choose between two response choices, mark only the one corresponding to the higher score]

If the patient fails to respond within an appropriate amount of time or states they do not understand the question, then read:

Would you like me to repeat the question? [Repeat as appropriate]

If the patient attempts to provide more than one response, then read:

Please choose one option from [Repeat response options]

If the patient asks to skip the question, then move onto the next item. [Only if requested by patient – DO NOT ask if the patient would like to skip the question]

If the patient skipped a question, record the question here and return to it at the end of the interview. If a question was skipped by the patient because they did not want to answer it, make a note of the question and any further details or explanations.

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Section 2 - During the past week

In this section, there are 23 questions which will ask you about your quality of life in living with cancer during **the past week**. The response options for each question are 'not at all', 'a little', 'quite a bit', and 'very much'. Please indicate the response that most closely describes you for each question:

6. During the past week, were you limited in doing your work or other daily activities?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 7. During the past week, were you limited in pursuing your hobbies or other leisure time activities?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 8. During the past week, were you short of breath?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
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9. During the past week, have you had pain?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 10. During the past week, did you need to rest?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 11. During the past week, have you had trouble sleeping?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 12. During the past week, have you felt weak?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 13. During the past week, have you lacked appetite?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 14. During the past week, have you felt nauseated?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 15. During the past week, have you vomited?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 16. During the past week, have you been constipated?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 17. During the past week, have you had diarrhea?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
 18. During the past week, were you tired?
 1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
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19. During the past week, did pain interfere with your daily activities?
1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
20. During the past week, have you had difficulty in concentrating on things, like reading a newspaper or watching television?
1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
21. During the past week, did you feel tense?
1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
22. During the past week, did you worry?
1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
23. During the past week, did you feel irritable?
1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
24. During the past week, did you feel depressed?
1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
25. During the past week, have you had difficulty remembering things?
1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
26. During the past week, has your physical condition or medical treatment interfered with your family life?
1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
27. During the past week, has your physical condition or medical treatment interfered with your social activities?
1. Not at all
 2. A little
 3. Quite a bit
 4. Very much
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28. During the past week, has your physical condition or medical treatment caused you financial difficulties?

1. Not at all
2. A little
3. Quite a bit
4. Very much

[Record responses. Note that you may need to remind patients that the answers to the questions must be for during the past week. If the patient cannot choose between two response choices, mark only the one corresponding to the higher score]

If the patient fails to respond within an appropriate amount of time or states they do not understand the question, then read:

Would you like me to repeat the question? *[Repeat as appropriate]*

If the patient attempts to provide more than one response, then read:

Please choose one option from *[Repeat response options]*

If the patient asks to skip the question then move onto the next item. [Only if requested by patient – DO NOT ask if the patient would like to skip the question]

If the patient skipped a question, record the question here and return to it at the end of the interview. If a question was skipped by the patient because they did not want to answer it, make a note of the question and any further details or explanations.

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Section 3 - Overall health and quality of life

In this section, there are 2 questions which will ask you to rate your overall health and quality of life in living with cancer during **the past week** on a scale of 1 to 7; 1 being 'very poor', and 7 being 'excellent'.

Please indicate the rating that most closely describes you for each question:

29. How would you rate your overall health during the past week? **(on a scale of 1 to 7; 1 being very poor and 7 being excellent)**

30. How would you rate your overall quality of life during the past week? **(on a scale of 1 to 7; 1 being very poor and 7 being excellent)**

[Record responses. If the patient cannot choose between two response choices, mark only the one corresponding to the higher score]

If the patient fails to respond within an appropriate amount of time or states they do not understand the question, then read:

Would you like me to repeat the question? [Repeat as appropriate]

If the patient attempts to provide more than one response, then read:

Please choose one option from [Repeat response options]

If the patient asks to skip the question then move onto the next item. [Only if requested by patient – DO NOT ask if the patient would like to skip the question]

If the patient skipped a question, record the question here and return to it at the end of the interview. If a question was skipped by the patient because they did not want to answer it, make a note of the question and any further details or explanations

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If the patient did not answer all questions:

I have not recorded your answers for X (X= number of not answered questions) questions. Would you like me to read it again for you?

➔ *If YES: please go back to the related questions and ask them again.*

➔ *If NO: continue on and end the interview.*