

Instrument Title: Quality of Life in Adult Cancer Survivors (QLACS)

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Scales are computed as follows:

Negative feelings, items 7, 9, 19, and 24
Positive feelings, items 6, 8, 22, and 28
Cognitive Problems, items 2, 3, 4, and 23
Pain, items 13, 17, 21, and 27
Sexual Interest, items 16 and 26
Energy/Fatigue, items 1 (reversed), 5, 11, and 14
Sexual Function, items 10 and 12
Social Avoidance, items 15, 18, 20, and 25
Financial Problems, items 30, 37, 43, and 45
Benefits, items 29, 32, 40, and 41
Distress-Family, items 31, 34, and 42
Appearance, items 33, 35, 38, and 44
Distress-Recurrence, items 36, 39, 46, and 47

QLACS

INSTRUCTIONS: We'd like to ask you about some things that can affect the quality of people's lives. Some of these questions may sound similar, but please be sure to answer each one. Below is a scale ranging from "never" to "always". Please indicate how often each of these statements has been true for you in the past four weeks. [Choose one answer for each question]

1 = never 2 = seldom 3 = sometimes 4 = about as often as not 5 = frequently 6 = very often 7 = always

In the past 4 weeks ...

1. You had the energy to do the things you wanted to do.
2. You had difficulty doing activities that require concentrating.
3. You were bothered by having a short attention span.
4. You had trouble remembering things.
5. You felt fatigued.
6. You felt happy.
7. You felt blue or depressed.
8. You enjoyed life.
9. You worried about little things.
10. You were bothered by being unable to function sexually.
11. You didn't have energy to do the things you wanted to do.
12. You were dissatisfied with your sex life.
13. You were bothered by pain that kept you from doing the things you wanted to do.
14. You felt tired a lot.
15. You were reluctant to start new relationships.
16. You lacked interest in sex.
17. Your mood was disrupted by pain or its treatment.
18. You avoided social gatherings.
19. You were bothered by mood swings.

20. You avoided your friends.
21. You had aches or pains.
22. You had a positive outlook on life.
23. You were bothered by forgetting what you started to do.
24. You felt anxious.
25. You were reluctant to meet new people.
26. You avoided sexual activity.
27. Pain or its treatment interfered with your social activities.
28. You were content with your life.

The next set of questions asks specifically about the effects of your cancer or its treatment. Again, for each statement, indicate how often each of these statements has been true for you in the past four weeks.

29. You appreciated life more because of having had cancer.
 30. You had financial problems because of the cost of cancer surgery or treatment.
 31. You worried that your family members were at risk of getting cancer.
 32. You realized that having had cancer helps you cope better with problems now.
 33. You were self-conscious about the way you look because of your cancer or its treatment.
 34. You worried about whether your family members might have cancer-causing genes.
 35. You felt unattractive because of your cancer or its treatment.
 36. You worried about dying from cancer.
 37. You had problems with insurance because of cancer.
 38. You were bothered by hair loss from cancer treatment.
 39. You worried about cancer coming back.
 40. You felt that cancer helped you to recognize what is important in life.
 41. You felt better able to deal with stress because of having had cancer.
 42. You worried about whether your family members should have genetic tests for cancer.
 43. You had money problems that arose because you had cancer.
 44. You felt people treated you differently because of changes to your appearance due to your cancer or its treatment.
 45. You had financial problems due to a loss of income as a result of cancer.
 46. Whenever you felt a pain, you worried that it might be cancer again.
 47. You were preoccupied with concerns about cancer.
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