Title of measure:
Spitzer Quality of Life Index (SQLI)

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Brief overview:
The SQLI is a general Quality Of Life index that covers five dimensions of quality of life (activity, daily living, health, support of family and friends, and outlook). It was designed for use by physicians to help them assess the relative benefits and risks of various treatments for serious illness and of supportive programs such as palliative care or hospice service. The SQLI is not, however, suitable for measuring or classifying the quality of care of life of ostensibly healthy people. This is one of the earliest QOL instruments to measure activity level, social support, and mental well being.

Validated (yes/no):
Yes, see below.

Psychometric properties and references
Spitzer validated it in 1981 (1, 4). SQLI was used in pretests and validation tests, by more than 150 physicians to rate 879 patients; median completion time was one minute. 59 percent of physicians reported that they were at least ‘very confident’ of the accuracy of their scores. Spitzer established predetermined criteria for validity before fieldwork commenced and evaluated the index using convergent and discriminant approaches of construct validity, as well as content validity. The SQLI has convergent discriminant and content validity among cancer patients and patients with other chronic physical diseases. Assessment of internal consistency demonstrated a high coefficient (Cronbach’s $\alpha = 0.775$) and the interrater Spearman rank correlation was high and statistically significant (rho = 0.81, P<0.001) when independent scores of two physicians were compared, or doctor’s ratings were compared to self-ratings of patients (rho=0.61, P, 0.001).

Normative data:
These data have been published (1, 4).

Clinically significant changes:
The Index is not accurate enough to be used to predict what sort of treatment terminally ill patients will require in the future and for how long. Nevertheless, it may prove valuable for those planning services for terminally ill cancer patients who require information on the levels of need in a population (1).

**Website or how to register to use:**
Instructions can be found on this website: [http://www.rtog.org/members/forms/9913/qolinstr.pdf](http://www.rtog.org/members/forms/9913/qolinstr.pdf)

**List any fees for usage:**
None.

**Languages available:**
English.

**Instructions for CRAs and/or credentialing of administration:**
The SQLI questionnaire must be completed by the patient at the time intervals specified by the protocol; therefore, it is important to follow the patient in your department, at least for the visits during which the forms are due.

Please note that there is a pre therapy (initial) SQLI questionnaire and a post treatment version. Be sure to use the appropriate form for each evaluation. The pretreatment version is used prior to all therapy. The SQLI should be completed on Fridays during treatment.

If for some reason, the patient cannot complete the questionnaires while in the department, s/he should be requested to complete them within the next day or so. The following procedure should be used: arrangement must be made to call the patient, at which time the interviewer (research associate/nurse) goes through the questionnaire with patient while on the telephone. The patient supplies each response to the interviewer who completes the form and submits this to Headquarters. The patient may have completed the questions in advance of the call. Before hanging up the phone, re-check to be sure all items were covered.

If the patient misses a scheduled appointment, s/he should be contacted without delay by telephone or mail and arrangements made to complete the questionnaire by telephone interview as described above.

**Time required to administer instrument:**
1 minute

**Quality assurance for administration (if needed):**
The patient questionnaires must be submitted if any items were completed by the patient. All questions should be checked as they are received from the patients for completeness and readability, making certain that all items are coded with only one response. All pages of the questionnaires must contain the study and case number.

A cover sheet that represents the first page of the Spitzer Questionnaire should be completed by the investigator / research associate / nurse. This page should not be given to the patient but added before submitting the questionnaire. If no items on the questionnaire are completed by the patient, or the evaluation was missed, only the cover sheet with the applicable questions
completed by the investigator / research associate / nurse is submitted. All patient questionnaires without the completed cover sheet will be returned to the institution.

The initial pre-study Spitzer Questionnaire must be completed prior to the commencement of any therapy for the case to be considered eligible for inclusion in analysis of this QOL component. If the patient refuses to participate or completes none of the pre-study items, only the cover is submitted and subsequent QOL evaluations are omitted.

Carefully check the questionnaires completed by the patient. Missed items on the assessments, especially on the pretreatment evaluation will adversely affect the ability to analyze those parameters.

If assistance is required by the patient to complete the questionnaires, the assistance should be provided by the staff and not the patient’s spouse or family member. (Spitzer Quality of Life Index. Instructions for the Investigator/Research Associate/Nurse: http://www.rtog.org/members/forms/9913/qolinstr.pdf)

**Scoring of instrument:**
An interview with the physician includes topics such as activity, living, health, support, and outlook on life. Each is rated on a three-point scale (0 to 2), with the range of scores from 0 to 10. Lower scores reflect better performance (2).

**References:**


4. Spitzer Quality of Life Index. Instructions for the Investigator/Research Associate/Nurse: http://www.rtog.org/members/forms/9913/qolinstr.pdf