

Title of measure:
Long-Term Quality of Life (LTQL)

This summary last revised 3 December 2010.

Brief overview:

The LTQL instrument was developed by Dr. Gwen Wyatt for long-term female cancer survivors. It is a 34-item scale consisting of four factors used to measure quality of life in physical, psychological, social, and spiritual domains. The LTQL instrument reflects the complexity of life in long-term female cancer survivors and is useful to health professionals in designing interventions to meet the unique needs of these women.

Validated (yes/no):

Yes.

Psychometric properties and references:

Dr. Wyatt validated it in 1996. In order to assess the psychometric properties the LTQL, the following research questions were addressed:

1. What is the reliability and validity of the Long-Term Quality of Life (LTQL) instrument?
2. What are the major issues regarding quality of life as reported by long-term female cancers survivors when measured by the LTQL instrument?
3. How does quality of life, as measured by the LTQL, differ among women of differential demographic and health status?

Internal consistency was high for the four subscales: somatic concerns (alpha = .86), spiritual/philosophical views of life (alpha = .87) fitness (alpha = .92) and social support (alpha = .88). These four factors are congruent with Ferrell's four theoretical domains of quality of life developed for women with breast cancer. Content validity was supported through interrater agreement of subscale items. Significant correlations between the LTQL and the Cancer Rehabilitation Evaluation System (CaRES), an established measure of quality of life, support the concurrent validity of the LTQL. Construct validity was supported by differential subscale scores according to demographic and health status data. Although the LTQL retained all of Ferrell's four domains of quality of life (physical, psychological, social, and spiritual) within one instrument, individual items reconfigured to suggest an overlapping of domains for the long-term female cancer survivor.

Normative data:

These data have been published (1-3).

Clinically significant changes:

The complexity represented in LTQL instrument expresses quality of life of the long-term female survivor as a multidimensional interaction of life domains, stressing the importance of spiritual/philosophical issues, social support and behavioral health changes, while minimizing the past physical events of cancer. Such a instrument offers potential direction for nursing interventions with long-term survivors- one that emphasizes support for improvement of health habits and the exploration of philosophical and spiritual insecurities.

Website or how to register to use:

This tool is free to investigators for any RTOG study. Contact Dr. Gwen Wyatt at Michigan State University, College of Nursing, 515E West Fee Hall, East Lansing, Michigan 48824, tel: 517-432-5511, fax 517-355-5002 or email: gwyatt@msu.edu.

List any fees for usage:

None.

Languages available:

English.

Instructions for CRAs and/or credentialing of administration:

The LTQL was designed to be administered by mail. The respondent can fill it out when it is convenient for her and mail it back in the self addressed stamped envelope.

Quality assurance for administration (if needed):

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 instrument must contain the study and case number.

Scoring of instrument:

The LTQL instrument consists of 34 items organized into a 5-point scale format, to assess the extent to which the item applied to the respondent: 0 (*not at all*), 1 (*a little*), 2 (*a fair amount*), 3 (*much*), and 4 (*very much*). The LTQL was designed to be administered by mail, as part of a packet containing other written measures. It was intended that participants would complete the LTQL in their homes. On some items, a high score (i.e., 4) would be indicative of high quality of life, whereas on others, a score of 4 would indicate low quality of life. When the LTQL was developed, it was intended that items would form subscale scores, and that item scores would be recorded when necessary to ensure that subscale scores would be comparable to scores on the Cancer Rehabilitation Evaluation System (CaRES), with *higher* scores indicating *lower* quality of life. The LTQL is assessing areas including eating habits, body image, apparel, pain, exercise, change in senses, change in social support, desire to be of service of others, relationships with health-care providers, susceptibility to cancer, change in perception of health and illness, spiritual guidance for health decisions, and change in philosophical view of life. These areas reflect four domains of quality of life: physical, psychological, social, and spiritual.

References:

1. Wyatt, G.K., Friedman, L.L. (1996, June). Development and testing of a quality of life model for long-term female cancer survivors. *Quality of Life Research*, 5(3):387-94.
2. Wyatt, G.K., Friedman, L.L. (1996, Feb). Long-term female cancer survivors: quality of life issues and clinical implications. *Cancer Nursing*, 19(1):1-7.
3. Wyatt, G.K., Kurtz, M.E., Friedman, L.L., Given, B., Given, C.W. (1996, Winter). Preliminary testing of the Long-Term Quality of Life (LTQL) instrument for female cancer survivors. *Journal of Nursing Measurement*, 4(2):153-70.