Decreases in quality of life (QOL) are associated with patients’ responses to their disease and its treatment and can have a negative impact on survival (Efficace et al., 2006; Gotay, Kawamoto, Bottomley, & Efficace, 2008). For these reasons, QOL is one of the most important patient-reported outcomes in clinical practice and research (Trask, Hsu, & McQuellon, 2009). Many demographic and clinical factors can affect QOL, including gender, age, race, education, marital status, social support, income, one’s ability to function in multiple domains (e.g., physical, psychological, cognitive, social, spiritual) (Cherepanov, Palta, Fryback, & Robert, 2010; Hagelin, Seiger, & Fürst, 2006; Juul et al., 2014; Luncheon & Zack, 2012; Mor, Allen, & Malin, 1994; Parker, Baile, de Moor, & Cohen, 2003), as well as many disease-specific characteristics, number and severity of comorbidities, number and severity of symptoms, illness severity, and prognosis (Hagelin et al., 2006; Hopman et al., 2009; Jordhoy et al., 2001; Juul et al., 2014; Miaskowski et al., 2014; Zimmermann et al., 2011).

Several population-based studies (Cherepanov et al., 2010; Hinz, Singer, & Brähler, 2014; Juul et al., 2014; Mielck, Vogelmann, & Leidl, 2014), as well as studies across a number of chronic conditions, including cancer (Bushnell et al., 2014; Heo, Lennie, Moser, & Kennedy, 2014; Lisspers, Ställberg, Janson, Johansson, & Svärdsson, 2013; Miaskowski et al., 2014; Pashos et al., 2013; Smith, Cho, Salazar, & Ory, 2013; Zimmermann et al., 2011), have reported gender differences in QOL, with women usually reporting a lower QOL than men in at least one of the domains assessed. These differences hold true across different measures of QOL and when controlling for age, income, and disease severity (Cherepanov et al., 2010; Hopman et al., 2009; Zimmermann et al., 2011).

The reasons for these gender differences are not completely understood. However, they may be related to differences in responses to disease and its treatment, differences in perceptions and reporting of symptoms, and differences in gender roles and societal expectations (Izadnegahdar, Norris, Kaul, Pilote, & Humphries, 2014; Norris, Murray, Triplett, & Hegadoren, 2010; Zimmermann et al., 2011). Given these differences, the characteristics that predict QOL in women and men are likely to be different. Greater understanding of these characteristics would assist clinicians in identifying patients at greater risk for poor QOL.