QUALITY OF LIFE ASSESSMENT
AN ANNOTATED BIBLIOGRAPHY

This annotated bibliography provides an overview of some of the most important recent scientific publications concerned with the assessment of quality of life in health care settings, and current generic quality of life measures. Section I is concerned with assessment issues including: definitional, conceptual, methodological and psychometric issues. Section II briefly overviews some of the existing generic quality of life instruments and Section III gives annotated references to further recent guides and bibliographies.

DIVISION OF MENTAL HEALTH
WORLD HEALTH ORGANIZATION
GENEVA
1994
Acknowledgements

This annotated bibliography was compiled by Ms Louisa Hubanks and Dr Willem Kuyken. The comments and suggestions of a review panel are gratefully acknowledged. This panel included: Dr N. K. Aaronson, Dr A. Bowling, Dr M. Bullinger, Dr L. W. Chambers, Dr A. Fletcher, Dr J. Fox-Rushby, Dr S. M. Hunt, Dr D. Patrick, Dr C. A. O’Boyle and Dr S. Skevington.

Further copies of this document may be obtained from

Division of Mental Health
World Health Organization
1211 Geneva 27
Switzerland

© World Health Organization 1993

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced or translated, in part or in whole, but not for sale or use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Section I - Assessment Issues</td>
<td>3</td>
</tr>
<tr>
<td>Section II - Selected Generic Quality of Life Instruments</td>
<td>19</td>
</tr>
<tr>
<td>Duke Health Profile</td>
<td>19</td>
</tr>
<tr>
<td>EuroQol</td>
<td>20</td>
</tr>
<tr>
<td>Health Utilities Index</td>
<td>21</td>
</tr>
<tr>
<td>Index of Health Related Quality of Life</td>
<td>22</td>
</tr>
<tr>
<td>McMaster Health Index Questionnaire</td>
<td>23</td>
</tr>
<tr>
<td>Medical Outcomes Study General Health Survey - short Form 36(SF-36)</td>
<td>24</td>
</tr>
<tr>
<td>Nottingham Health Profile</td>
<td>25</td>
</tr>
<tr>
<td>15-D Questionnaire on Health Related Quality of Life</td>
<td>26</td>
</tr>
<tr>
<td>Sickness Impact Profile (SIP)</td>
<td>27</td>
</tr>
<tr>
<td>SEIQoL Schedule for Evaluation of Individual Quality of Life</td>
<td>28</td>
</tr>
<tr>
<td>The World Health Organization Quality of Life Assessment (WHOQOL)</td>
<td>29</td>
</tr>
<tr>
<td>Section III - Guides / Bibliographies</td>
<td>31</td>
</tr>
</tbody>
</table>
QUALITY OF LIFE ASSESSMENT
AN ANNOTATED BIBLIOGRAPHY

Introduction

Although there are generally satisfactory ways of measuring the frequency and severity of diseases and impairments, the measurement of the effects of these on quality of life is as yet a relatively new area. In spite of this there is a large and diffuse literature addressing various aspects of quality of life and quality of life assessment. The Medline database cites 1520 papers with the key term "Quality of Life" in 1992, and 187 with both "Quality of Life" and "Assessment". In 1993 it identified "Quality of Life" 1570 times and "Quality of Life" and "Assessment" together 240 times. This current annotated bibliography seeks to overview some of the most important recent scientific publications concerned with the assessment of quality of life in health care settings, and current generic quality of life measures. The decision to limit the bibliography to generic instruments is a practical one, as to expand into the realm of disease specific measures would make it difficult to produce such a bibliography. The decision to use generic or disease specific measures is governed by a great many factors, and which of the two approaches to quality of life assessment is preferable depends largely on the questions being addressed. Papers in this bibliography addressing the relative merits of generic and disease specific instruments include Aaronson (1990), Guyatt, Feeny and Patrick, (1993), and Patrick and Deyo, (1989).

The first part of the bibliography is concerned with assessment issues. Selected publications addressing the following issues were included.

- definitional issues
- conceptual issues
- methodological issues
- psychometric issues

Criteria for inclusion in Section I, Assessment Issues, were:

- relevance to generic QOL assessment
- accessibility/quality of journal
- English language version
- international focus on QOL assessment

We have tended to exclude papers which focus on specific diseases or situational issues, and instruments related to these.

Section II briefly overviews some of the existing generic quality of life instruments with greatest currency and nominates several publications addressing the characteristics and psychometric properties of these instruments.

Because this bibliography does not seek to be comprehensive, Section III describes and references a number of the further guides and bibliographies that have been published recently.
SECTION I - ASSESSMENT ISSUES


A review of some of the central methodological issues concerning the development or selection of quality of life measures for use in clinical trials, including considerations surrounding the response scales and time frame for questions, and what psychometric properties should be considered in the evaluation of a questionnaire assessing quality of life.


Addresses measurement, research design and implementation issues surrounding clinical-trial-based quality of life studies. These include: the appropriate source of quality of life data; global versus multi-dimensional approaches; generic versus specific measures; the role of psychometrics in selecting quality of life measures; the frequency and timing of data collection; and patient accrual and differential loss to follow up.


Reviews the international adaptation and use of generic quality of life measures, including the Nottingham Health Profile, Sickness Impact Profile, Medical Outcomes Short-form, the EuroQol, and Dartmouth COOP Charts. With regards to disease specific measures work on the European Research and Treatment of Cancer (EORTC) quality of life questionnaire (QLQ) and the Spitzer Quality of Life index is overviewed. Endorses the feasibility of cross-cultural adaptation of health status measures but draws attention to the need for more work on establishing the psychometric equivalence of different language versions.


A discussion of the complexities of quality of life assessment due to individual, cultural and disease differences, and presentation of the quality adjusted life year (QALY) as a possible way of overcoming some of these problems.

Describes the progress in the USA health services since 1966 and recommendations for future directions in health status measurement, a model of health status, appropriate health status measures for current health care issues, and outlines issues in health status assessment for the next decade.


A discussion of issues and problems hindering the use of health assessment measures, such as uncertainty regarding definition, methodology, and administration; and suggestions for future direction and progress in the area.


Overviews the purpose and content of health status measures and outlines some practical and psychometric criteria whereby measures might be compared and evaluated with a view to selection for use.


A discussion of the definition of quality of life as a subjective variable comprised of an individual’s perceptions regarding level of physical, psychological, and social well-being; and the importance of quality of life measurement in medical decision making.


An analysis of quality of life research in Germany emphasizing the cross-cultural considerations of and current approaches to the conceptual, methodological, political, and practical issues. A presentation of work in a biometrical centre.


Discusses the feasibility and possible approaches of international quality of life measures. Introduces some of the methods and criteria for evaluation of international measures.

Recommended basic criteria in the determination of quality of life for the elderly.


An examination of the place of quality of life assessment in palliative care. Presents an argument that quality of life is a formalised statement of the goals of palliative care, stressing its subjectivity and multi-dimensionality.


A study supporting the use of single item measures of health-related quality of life when multiple measures are not suitable or not practical in application. A positive and significant correlation is found between the scores of one specific item of the Medical Outcomes Study Short-form General Health Survey and overall scores of a trial population.


General principles of study design and analysis of quality of life assessments in clinical trials are discussed, with particular reference to problems of weighting and aggregation, and technical issues arising in the analysis of clinical trials data.


A presentation of ethical and political considerations regarding the use of quality of life measures as a potential means of health care resources allocation in the best interests of individuals as well as of society.


Discusses the translation of the Sickness Impact Profile into Spanish for use with the Hispanic population in the USA, and the issues arising in this process, and subsequent problems in the interpretation of the reliability and validity data. Excellent introduction to the potential difficulties that may be encountered in translating a health status measure.

A presentation of conceptual, methodologic, practical, and attitudinal barriers hindering the use of health assessment measures in appropriate settings and suggestions for progress and improvement.


Discussion of methodological and statistical issues in the use of health status measures for gathering "responsiveness" data.


A description of research in progress at the USA National Centre for Health Statistics on the evaluation of measures of the health status of the nation.


An examination of some of the moral implications of the measurement of quality of life for clinical use in the areas of screening, monitoring, and decision making.


A discussion of the theoretical foundations, advantages and disadvantages of the utility approach to the measurement of health-related quality of life in economic evaluation and clinical practice.


Reviews the applications of quality of life measures (screening programs, audit, health care research, and clinical trials) and outlines the basic requirements that a satisfactory quality of life measure should possess (psychometric properties of reliability, validity, sensitivity to change; appropriateness and practicality).

A paper offering guidelines and recommendations for the appropriate use of quality of life instruments including factors to consider in the selection of an instrument, practical issues of administration and data collection, analysis and reporting of scores and their interpretation.


Presents an argument that subjective quality of life assessment requires a different definitional and conceptual model than objective quality of life assessment. The sociological life goals model is presented as a possible contender and the application of this model to data collected in France with the Subjective Quality of Life Profile questionnaire presented.


A discussion of the value for health care evaluation and research, of quality of life measurement with a single instrument that is chosen with consideration of specific objectives.


A broad overview of health status assessment in terms of the past, present, and future; including a description of the evolution of the paradigm of health-related thinking, barriers to full-scale use of health status measures in clinical settings, and the importance of health status assessment in future change and development of a health care system.


A discussion of the need for and barriers to the use of quality of life measurement as a means of structuring and transmitting clinical data, emphasizing the discordance between clinicians and scientists, social science and medicine. Recommendations for future accommodation of these differences and enhancement of quality of life concepts and measurement.

Outlines the importance of measuring health-related quality of life to inform patient management and policy decisions. Can be used as discriminative instruments (to measure cross-sectional differences between patients at a point in time) and longitudinal changes within patients during a period of time. Both applications must be valid, reliable, responsive to change and interpretable by clinicians and policy makers. The paper also outlines the applications and strengths and weaknesses of generic and disease specific instruments.


A survey of published trials in 1986, concluding that quality of life measures are not widely used in appropriate clinical settings. A framework is outlined to aid investigators in the selection of generic or specific instruments according to the purpose and focus of their trials. Generic instruments include health profiles and utility measures based on patient outcome preferences, and specific measures focus on problems associated with individual diseases.


Presentation of a new index to assess an instrument's reliability and responsiveness to change.


A test of the construct validity of health-related quality of life using multi-trait multi-method analysis in the evaluation of general health perceptions, meaningful activities, outlook on life, physical suffering, self-care activities, and social relationships.


Outlines a position that the psychometric property of responsiveness to change, validity and reliability are inter-dependent, specifically so that there is a trade off between the responsiveness and internal consistency of a scale.

A short discussion of the question of whether an assessment of health states should be weighted and, if so, in what way, with particular reference to a validity study comparing two quality of life assessment instruments.


A comparison of studies on the impact of medical care on quality of life assessment in the period between 1980 and 1984, showing the need for a more solid consensus concerning what constitutes adequate quality of life measurement.


An examination of the feasibility of adopting the improvements in quality of life as an evaluation criterion for health care, with a discussion of social indicators and subjective evaluations as measures, and the role of nurses in the concept formation and evaluation of quality of life.


An analysis of the concept of quality of life as a whole and divided into sub-domains, with a presentation of a chart of relevant life domains and an outline of tested rating techniques.


Discussion of the issues involved in adapting a health status instrument for use in different cultures, and the ways of maintaining the technical, conceptual and linguistic integrity of the source instrument in the target language. Discussion is related to the translation of the Nottingham Health Profile into a number of languages.


A discussion of the advantages of the use of several measures over unidimensional and global techniques in quality of life assessment.

Argues that any research study that includes an assessment of health should explicitly deal with 11 conceptual and methodological issues, including defining quality of life, the multi-dimensionality of quality of life and international comparison of quality of life data.


A report of factor analyses of 58 outcome measures suggesting the dimensions of low morale, illness symptoms, neuropsychological function, interpersonal relationships, and economic-employment. Presented with a discussion of data implications and recommendations for further research.


Describes how quality of life measures are used as outcome measures in economic assessments of health care. Describes the use of quality-adjusted-life-years (QALYs) as an outcome measure and the various problems with, and alternatives to QALYs.


A discussion of the definition of the term quality of life, medical progress leading to the relevance of its measurement, and an examination of the future challenges to its application in the study of health and illness.


A discussion of the theory behind quality-adjusted-life-years (QALYs), their potential application in economic appraisal of health care, and controversies surrounding their use.

Describes some of the methodological issues which lie behind the design and construction of quality of life measures and reviews some of the principal examples. The derivation of disease-specific and generic measures is documented, and a bibliography provides ready access to the main sources of reference material in the field.


A discussion of the implications of instrument purpose for each stage of the development of an instrument, as well as the importance of specifying the aims of a study when selecting a measurement instrument.


An introduction to the concept of utility and its application to the measurement of quality of life.


Discusses the potential of quality of life assessment as a resource in the Public Health sector in the sense of WHO’s Health for All Strategy. Synthesises a theoretical framework of quality of life, and describes how in practice it can be used to evaluate the health resources of a population.


An overview of the proceedings of a conference on health status assessment, including a presentation of papers on benefits of and barriers to the use of health status assessment, strategies for dealing with them, history of the use of health status measures, ethical considerations, empirical research, panel discussions, and methods round-tables.


Description of the healthy-years equivalent (HYE) as an alternative measure of outcome to the quality-adjusted life year (QALY).

Recognition of quality of life as an important aspect of health outcome, and the need for the development of more situation-specific scales.


A recommendation for action on the part of scientists, medical experts, and workers involved in health measurement to apply measurement methods to medical and health problems, build up substantiative literature, and set research priorities with the goal of gaining court consideration of quality of life measures.


A discussion concerning the reasons that quality of life measures are not currently applied in clinical situations where they would be appropriate, despite their availability and conditions that are necessary for their future widespread acceptance and use.


A discussion of the inadequate research design of numerous studies on medical interventions which use quality of life data, and the need for reliable, validated measures which address the issue of subjective interpretation of objective quality of life changes.


Analyzes both the potential and the barriers to the use of health assessment tools in practice and notes the need for better scientific evidence of their clinical utility, as opposed to their information content.


Discusses the theoretical underpinnings of the quality of life concept, and in practical terms outlines the applications of quality of life assessments in surgery (e.g. assessing outcome, selecting patients for surgery, policy decisions and resource allocation ...).

Emphasises the place of quality of life issues in developing world countries, where per capita spending on health is in some countries is as low as several US dollars per year. Discusses the context of quality of life within popular conceptions of health and illness in "traditional" cultures, and the changing socioeconomic climate influencing any consideration of quality of life in the developing world.


Includes a section applying expertise in quality of life assessment at national levels to a relatively new area: international quality of life assessment. That is to say, considering quality of life from an international perspective, and developing a methodology for the assessment of quality of life that can be used in more than one cultural setting.


A prediction that the use of health status measures will increase in the areas of clinical practice and research but not in the areas of decision-making and policy, and a recommendation that this tendency be countered through the co-existence of political will, resources, data, and policy researchers.


A discussion of the distinctions between four strategies of measurement listed as separate generic and specific measures, disease-specific supplements, and batteries; and the criteria for selection which include project aims, methodologic concerns, and practical constraints.


A report of a study conducted to compare the Sickness Impact Profile health status values for samples in the U. S. A. and England. Profiles were found to be largely consistent for ill people in the two countries.


A summary of some of the methodologic and practical issues regarding health-related quality of life assessment in clinical trials with emphasis on reasons for health measurement, appropriate clinical situations, statistical issues, and the need for cooperation in future studies.


An examination of the practicability and the validity of the General Health Rating Index, the Sickness Impact Profile, and the Quality of Well-being Scale in treatment evaluation.


Argues that a multi-dimensional approach to quality of life, whilst attempting to capture the complexity of the human condition, does not address its subjectivity. An argument is presented that a combination of 'naturalism' and 'hermeneutic' thinking is needed in quality of life assessment.


A presentation and discussion of some of the preliminary conceptual groundwork for the instrument for quality of life assessment currently being developed by the World Health Organization.

Outlines four broad approaches to the translation of health status measures; discusses the conceptual, semantic and technical equivalence which translation should ensure; and describes a translation methodology, which has been used in numerous international studies coordinated by the World Health Organization.


A discussion of the development and current importance of the quality of life concept, its use and properties as well as guidelines for a standard application of quality of life measures.


An overview of the development of quality of life assessment in clinical trials in terms of clinical biostatistics including a literature survey of measurement approaches and a review of statistical methods applied to quality of life data analysis.


An introductory paper on the issues of theory, validity of measurement, and benefits of quality of life assessment and implications for future complementary work between advanced medicine and social science.


An investigation of the validity of a health professional’s assessment of cancer patients’ quality of life, anxiety and depression, when the patient’s viewpoint is the criterion.


A discussion of the importance of quality of life measurement in clinical practice as a guide to treatment decisions and the difficulty of measuring subjective parameters and changing status of the patient throughout treatment.

A discussion of health status assessment in policy research, including reflections on possible causes for the neglect of suitable measures in clinical settings, possibly due to perceptions of multi-dimensional and unidimensional instruments. Offers a framework for the application of health status measures to policy research with the aim of assuring the availability of appropriate health care.


A presentation regarding the epidemiological trends that have rendered the study of outcomes more important in medical decision making than that of process, and a consideration of likely clinical resistance to this new perspective and the implementation of relevant measures of quality of life.


An examination of activities of the European Region of the World Health Organization in the development and use of indicators for health promotion. Presentation of findings of the 1984-1985 evaluation by European Member States of progress in the area and a discussion of problems affecting use of health indicators.


A discussion of the advantages both for surgeons and patients of broadening available information on treatment outcome to include quality of life variables.


A discussion of quality of life assessment in the field of nursing in the facilitation of health care planning and evaluation.

A presentation of a study which demonstrates that reliable quality of life measurements are insufficiently utilized in clinical trials.


Addresses the importance and potential of standardized assessment of patients’ perspective and experience of disease and treatment impact through the use of generic measures of health status and quality of life.


A comparison of different quality of life measures before and after treatment of a certain population, with conclusions regarding the advantages of using disease-specific measures in detecting small but clinically important changes.


A discussion of quality of life and its importance in the field of nursing, including an historical perspective, measurement issues, concept dimensions, and approaches in utilization.
SECTION II - SELECTED GENERIC QUALITY OF LIFE INSTRUMENTS

Duke Health Profile

A measure to assess adult health status along four dimensions: symptom status, physical function, emotional function, and social function. The latter three can be used independently. Interviewer-administration requires approximately 30 minutes, self-administration requires approximately 10 minutes. Despite measurement difficulties, acceptable levels of reliability, convergent and discriminative validity have been demonstrated. The Duke UNC Profile was developed for use in a clinical setting as a tool for the study of medical, economic, and social intervention on health and disease.


EuroQol

A standardised, generic index for describing and valuing health states. Designed for self-completion by patients, it is easy to complete, taking only a few minutes. The EuroQol was simultaneously developed in Dutch, English, Finnish, Norwegian and Swedish. Spanish and Catalan versions are also available and work is in progress on French, German, and Italian versions. Classifies respondents into one of 243 health states. Intended to be used in conjunction with other quality of life instruments to aid in the collection of a reference group of data, particularly in the case of cross-national comparisons of health states. The EuroQol instrument consists of five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each dimension has 3 categories.


Health Utilities Index

There are three versions of the Health Utilities Index. The original version is comprised of four categories and a utilities calculation formula (Torrance et al 1982). The second version contains seven categories and two formulas, one for values and the other for utilities. (Feeny et al 1992; Torrance et al 1992). The third version was designed specifically to be broad and generalizable for use in numerous settings, including health surveys. Currently, it is in questionnaire form, and covers the categories: vision, hearing, speech, mobility, dexterity, emotional function, cognitive function, pain and discomfort. Interviewer administered.


Index of Health Related Quality of Life

The Index of Health-related Quality of Life is a measure of social, psychological, and physical adjustment on scales of value and utility which is designed to be combined with clinical rating scales in clinical trials. The structure is hierarchical and multi-dimensional: values are derived at each of five levels through a multi-stage scaling method designed to preserve detail and then aggregated into a single figure. One hundred and seventy-five composite health states are valued in the three dimensions of disability, discomfort, and distress. These dimensions are further sub-divided into the seven attributes: dependency, dysfunction, pain/discomfort, symptoms, dysphoria, disharmony, and fulfilment; these attributes are divided into 44 scales. Completed tests of reliability show good results (reliability defined as the extent to which the differences in score represent true differences of the characteristics under consideration). Validity varies relative to the domain. Significant correlation with other measures has been shown. Self-rated, observer-rated, and relative-rated versions are currently being tested.


McMaster Health Index Questionnaire

A measure of physical, social, and emotional functioning developed with the aim of providing a health status questionnaire suitable for general populations which could predict a health professional’s clinical assessment. 59 items are divided between the categories of physical function, social function, and emotional function. Independent scores can be obtained for each section, from 0-1. Alternative weighting schemes are available. The MHIQ shows high correlation with other standardised scales. Sensitivity is highest with self-administration. Reliability has been demonstrated to be acceptable. Questionable suitability for application to elderly populations.


Medical Outcomes Study SF-36 Health Survey

Objective is to develop a general health survey that is comprehensive, psychometrically sound and practical. Developed as a compromise between longer comprehensive health status indexes and less effective single item measures, through the combination of a number of items taken from longer measures. A profile of eight measures covers the areas of physical functioning, role functioning, social functioning, mental health, health perceptions and pain. Self-administered. Acceptable standards of reliability and validity across numerous samples population are reported. Currently in extensive use.


McHorney, C. A., Ware, J. E. and Raczek, A. E. (1993). The MOS 36.Item Short-Form Health Survey (SF-36); II. Psychometric and clinical tests of validity in measuring physical and mental health constructs. Medical Care, 31, 247-263.


Nottingham Health Profile

Designed to assess patients' subjective experience of ill health. Its development was influenced by the Sickness Impact Profile, but it emphasizes feelings, or perceived stress, rather than reports of behaviours. The content is based upon patients' accounts of their feelings when ill. A profile of illness effects is given through description of the subjective experience of ill health in six categories: physical mobility, pain, sleep, energy, emotional reactions and social isolation. Extensive testing has shown good levels of reliability and validity. The questionnaire has been adapted for use in ten countries, according to a standard method. The questionnaire is copyrighted and should not be used without the permission of one of the instrument developers.


15-D Questionnaire on Health Related Quality of Life

A 15-dimensional generic measure of health-related quality of life, including physical, mental, emotional and emotional functioning as well as perceived health status. Each dimension is divided into 4 or 5 levels. A health-related quality of life state is defined as a combination or profile of responses to questions at each level. Scores are determined by a computer algorithm as a function of values assigned to each dimension level and the relative importance assigned to the dimension. Responses are chosen by the subject as values between 1-100. Average weights are determined for the sample. The questionnaire is self-administered in 5-10 minutes; the valuation task time is about one hour. Good levels of reliability have been demonstrated; research on the validity of the measure is in progress.


Sickness Impact Profile (SIP)

A behavioural based measure designed to assess the impacts upon daily life activities of illness, and treatment. The Sickness Impact Profile consists of 136 statements grouped into 12 categories: work, recreation, emotion, affect, home life, sleep, rest, eating, ambulation, mobility, communication and social interaction. It is self- or interviewer-administered in 20-30 minutes. Percentage scores can be obtained for the entire measure, each category, and physical or psychosocial dimensions, from 0-100. High reliability and validity have been demonstrated; the SIP has been widely applied and scores are available for many different populations.


SEIQoL Schedule for Evaluation of Individual Quality of Life

An instrument for measuring individual quality of life which places greater emphasis on the individual's perspective than more traditional approaches. The SEIQoL utilizes a mathematical model of individual judgements known as judgement analysis. The subject specifies five areas of life considered most important in a semi-structured interview. Visual analogue scales are used for self-rating in these areas. Judgement analysis is used to evaluate the internal reliability and validity of the individual's quantification. High internal consistency has been shown, though it is higher for healthy than for patient populations. High internal validity has been demonstrated in both populations.


The World Health Organization Quality of Life Assessment (WHOQOL)

A measure of the individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. The instrument was developed in a wide range of languages in numerous different cultural settings and yields comparable scores across cultures.

An assessment in six broad domains: Physical domain; Psychological domain; Level of Independence; Social relationships; Interaction with relevant features of the Environment; and Spiritual domain. The instrument addresses quality of life at two levels of questioning: perceived objective (e.g. Do you feel that pain or discomfort limits your life?) and subjective evaluation (How satisfied are you with your personal relationships?). The instrument yields a quality of life profile across each of the domains as well as for individual facets of quality of life (e.g. Pain and discomfort; Personal relationships). The instrument is currently being field tested in some 15 countries to assess its psychometric properties.


SECTION III - GUIDES / BIBLIOGRAPHIES


A discussion of health status assessment measures and criteria for evaluation and selection of instruments for clinical application including correspondence between the study and the measure, reliability, validity, sensitivity, and practicality. A comparison of the Sickness Impact Profile, the McMaster Health Index Questionnaire, the Rand Corporation study, and the index of Activities of Daily Living.


A discussion of conceptual issues of the measurement of quality of life with a listing of selected instruments for the measurement of functional ability, health status, psychological well-being, social networks and social support, and life satisfaction and morale.


A discussion of the quality of life as a philosophical and methodological issue as well as from a health economist's point of view. A presentation of issues and instruments for selected chronic diseases and conditions including cancer, AIDS, cardiovascular disease, arthritis, the elderly and the dying.


A review of the status of health measurement in 1987, including descriptions of its theoretical and methodological bases, and descriptions of some instruments of health assessment in the areas of functional disability/handicap, psychological well-being, social health, quality of life and life satisfaction, pain and general health measurements.


An information resource service created for the selection of quality of life instruments for use in clinical studies. Given the context of a particular study of application setting which requires an instrument, a computer
algorithm selects the most appropriate measure from a database of instruments. Characteristics of the study context taken into consideration include: the type and purpose of the study, characteristics of the study population, treatment benefits and side-effects, method of administration, and practical considerations of budget and time.


Quality of Life Bibliography and Indexes. (1990). *Medical Care, 28*.

A comprehensive collection of published works on the subject of health-related quality of life with a focus on clinical applications and conceptual issues. Three indexes list quality of life publications alphabetically by the name of the author for instruments, by therapeutic category for instruments, and by therapeutic category for papers.


Presents the major issues involved in developing or assessing a health status measure. This comprehensively covers ground from the initial literature review to the development and selection of items and scaling responses, to the design and implementation of reliability and validity studies.


A presentation of the concept and philosophy of quality of life assessment and some selected instruments in major disease areas: cancer, arthritis, Parkinson's disease, respiratory disorders, hypertension, angina, psychiatry, and skin disease.


***