Evidence Table E8. Scales for well-being (KQ1)

| **Test** | **Brief Description** | **Reliability** | **Validity** | **Original Citation** |
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| **Well-Being** |
| Quality of Well Being Scale | The Quality of Well-Being (QWB-SA) survey is a preference-weighted measure of general health status. It combines three scales of functioning with a measure of symptoms/problems to produce a point-in-time expression of well-being that runs from 0 (death) to 1.0 (asymptomatic full function). |  | This self-administered survey had acceptable performance in older adults. |  |
| QOL-Enjoyment/Satisfaction | The Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LESQ), a measure of the degree of enjoyment and satisfaction experienced by participants with various mental and medical disorders in areas of daily functioning. Fourteen items are used to assess an overall quality of life score. Each item is scored on a 5-point Likert scale from 1 (not at all or never) to 5 (frequently or all the time) with higher scores indicating greater satisfaction | Test-retest reliability has been reported as .74. In this study, Cronbach’s alpha was .92. | Validity has been reported using correlations with the Clinical Global Impressions Severity of Illness Rating (r = −66), the Hamilton Rating Scale for Depression (r = −.64) and the Beck Depression Inventory (r = −.67). |  |
| Sense of Coherence | The SOC scale consists of 29 five-facet items; respondents are asked to select a response, on a seven-point semantic differential scale with two anchoring phrases, There are 11 comprehensibility. 10 manageability and 8 meaningfulness items. The published scale allows for the possibility of using a short form of 13 of the 29 items. Unless ‘SOC-13’ is noted, reference IX always to SOC-29. | In 26 studies using SOC-29 the Cronbach alpha measure of internal consistency has ranged from 0.82 to 0.95. The alphas of 16 studies using SOC-13 range from 0.74 to 0.91. | The systematic procedure used in scale construction and examination of the final product by many colleagues points to a high level of content, face and consensual validity. The few data sets available point to a high level of construct validity.Criterion validity is examined by presenting correlational data between the SOC and measures in four domains: a global orientation to oneself and one’s environment (19 r’s); stressors (11 r’s); health, illness and wellbeing (32 r’s); attitudes and behavior (5 r’s). The great majority of correlations are statistically significant. | 1987 |
| QOL-VAS | Operationally a VAS is usually a horizontal line, 100 mm in length, anchored by word descriptors at each end. The patient marks on the line the point that they feel represents their perception of their current state. The VAS score is determined by measuring in millimetres from the left hand end of the line to the point that the patient marks. |  |  |  |
| **QOL/Mental Health** |  |  |  |  |
| WHOQOL - Psychological | The WHOQOL-100 assesses individuals’ perceptions 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. It was developed collaboratively in some 15 cultural settings over several years and has now been field tested in 37 field centres. It is a 100-question assessment that currently exists in directly comparable forms in 29 language versions. It yields a multi-dimensional profile of scores across domains and sub-domains (facets) of quality of life. More recently, the WHOQOL-BREF, an abbreviated 26 item assessment has been developed. | Cronbach alpha values for each of the six domain scores ranged from .71 to .86, demonstrating good internal consistency | Confirmatory factor analylsis showed adequate construct validity for the WHOQOL: multiple sample analysis for all domains displayed appropriate CFIs above 0.9 in all cases | 1998 |
| QOL (general for chronically ill) | The Quality of Life Profile for the Chronically Ill (PLC) is an HRQoL inventory especially designed for patients with chronic conditions It consists of 40 items and 6 subscales: physical functioning, ability to relax and enjoy life, positive affect, negative affect, social contact, and social integration. Scores of the 6 subscales can be summed to a total score. |  | The inventory is well validated and was used in an earlier MBSR investigation with fibromyalgia patients | 1996 |
| SF-36 (including Vitality subscale) | The SF-36 is a multipurpose, 36-item survey that measures eight domains of health: physical functioning, role limitations due to physical health, bodily pain, general health perceptions, vitality, social functioning, role limitations due to emotional problems, and mental health. It yields scale scores for each of these eight health domains, and two summary measures of physical and mental health: the Physical Component Summary (PCS) and Mental Component Summary (MCS). | The reliability of the eight scales and two summary measures has been estimated using both internal consistency and test-retest methods. With rare exceptions, published reliability statistics have exceeded the minimum standard of 0.70 recommended for measures used in group comparisons in more than 25 studies (Tsai, Bayliss, & Ware, 1997); most have exceeded 0.80 (McHorney et al., 1994; Ware et al., 1993). Reliability estimates for physical and mental summary scores usually exceed 0.90 (Ware et al., 1994). | Studies of validity generally support the intended meaning of high and low SF-36 scores as documented in the original user’s manuals (Ware et al., 1993; Ware et al., 1994). Because of the widespread use of the SF-36 across a variety of applications, evidence from many types of validity research is relevant to these interpretations. Studies to date have yielded content, concurrent, criterion, construct, and predictive evidence of validity. |  |
| SF-12 Mental component | The SF-12v2 is the most recent subset scale of the SF-36 health-related quality of life measure [4]. It includes 12 items, measures 8 domains of health, and is used to calculate 2 component scores, the Physical Component Summary Score (PCS) and the Mental Component Summary Score (MCS). | Both Mental Component Summary Scores (MCS) and Physical Component Summary Scores (PCS) were shown to have high internal consistency reliability (a[.80).PCS showed high test–retest reliability (ICC = .78) while MCS demonstrated moderate reliability (Intraclass correlation coefficient = .60). Prior research had demonstrated an Internal consistency reliability alpha coefficient of .89 for the Physical component score (PCS) and .86 for Mental Component Score (MCS) | PCS had high convergent validity for EQ-5D items (except selfcare) and physical health status (r[.56). MCS demonstrated moderate convergent validity on EQ-5D and mental health items (r[.38). PCS distinguish between groups with different physical and work limitations. Similarly, MCS distinguished between groups with and without cognitive limitations. TheMCS and PCS showed perfect dose response when variations in scores were examined by participant’s chronic condition status.Conclusions Both component scores showed adequate reliability and validity with the 2003–2004 MEPS and should be suitable for use in a variety of proposes within this database.Keywords SF-12 MEPS Medical expenditure panel survey Validity Reliability | [44] Solas for missing data analysis 2.0. |

**Notes:** AHRQ = Agency for healthcare research and quality; ANOVA = Analysis of variance; BPN-DPN = Brief pain inventory modified for patients with diabetic peripheral neuropathy; DSM-IV Diagnostic
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