

QUESTIONS AND ANSWERS ABOUT THE I-QOL

1. Q: What is the I-QOL?

A: The I-QOL is a 22-item quality of life instrument specific to persons with stress and mixed types of urinary incontinence. A version specific to patients with urge only is in process. It is an easy to understand self-administered questionnaire that takes an average of 5 minutes to complete.

Scoring for the I-QOL can be done manually or, optimally, by computer. In addition to a total score, three domains can be identified from the I-QOL: Activity & Limiting Behavior, Psychosocial Impacts, and Social Embarrassment. I-QOL scores are transformed to a 0-100 scale for easy interpretability. Higher scores indicate better quality of life.

2. Q: How was the I-QOL developed?

A: Early decisions made regarding the development of the I-QOL were based on the conceptual model of health-related quality of life (HRQOL) as proposed by Patrick and Erickson (1993) where impairments (diagnoses and symptoms), functional status, perceptions, and opportunities (social disadvantage) are distinguished as separate components of HRQOL. QOL can be distinguished from general, perceived quality of life, although a condition such as urinary incontinence can, over time, affect aspects of life that may not be considered "health-related" be persons with the condition. The I-QOL was defined according to a needs-based model that identifies quality of life as the degree to which most or all human needs are met. The I-QOL was conceived to be such a quality-of-life measure specific to persons with UI and was designed to include the most important human concerns related to the symptoms associated with UI. The multidimensional approach, utilized in the I-QOL focus groups and interviews conducted with persons with incontinence--stress, urge, and mixed--and included general questions on eliciting all areas of concern and specific probes into hypothesized areas of impact: social life, family life, job/work, intimate relationships, activities of daily life, household activities, recreation and travel, mental health, physical health, and anxiety/depression. To the maximum possible extent, the content of the measure was defined by the persons with the condition and the items written in the language of these persons.

3. Q: What are the applications of the I-QOL?

A: The I-QOL is an appropriate tool for assessing the affects of treatment, treatment decision-making among providers and patients, and for conducting cross-cultural comparisons measuring the impacts of urinary incontinence. The I-QOL is ideal for multinational clinical trials because it has a low patient burden and has multiple language adaptations. Published effect size and validity statistics are available for the US version and cross-sectional validity statistics are available for four European versions.

4. Q: Which translations are available?

A: The original instrument was developed in the US. Both translation activities and cross-sectional validation studies have been conducted in France, Spain, Sweden, and Germany. Other translations and cultural adaptations without psychometric validation were made for England, Africa, Norway, Finland, Italy, Denmark, The Netherlands, Canada (French and English), Belgium, Australia, New Zealand, South Africa, US (Spanish), Israel, Slovakia and Japan.

5. Q: Are scores from a national population sample available for reference?

A: No, but reference scores are available in the *User's Guide* for 3 studies: the initial US validation study (n=59), the international validation study (n=259: France n=62; Spain n=65; Sweden n=64; Germany n=68), and the US validation and responsiveness study (n=288).

6. Q: May we have permission to use the I-QOL?

A: The developers of the I-QOL encourage its use by others. Although the measure is copyrighted to assure quality control, permission to use it for clinical and research purposes is granted upon request, usually without charge. Because the developers are interested in further reliability and validity documentation, I-QOL users are kindly asked to provide copies of any publications or reports resulting from its use to Dr. Don Buesching at Eli Lilly and Company and to the primary developer, Dr. Donald Patrick at the University of Washington. Permission for commercial use must be negotiated with Eli Lilly and Company.

Don Buesching, Ph.D.
Director, Health Outcomes Group
Eli Lilly and Company
Lilly Corporate Center (DC 4025)
Indianapolis, IN 46285
USA
Tel: +317-277-1733
Fax: +317-277-7444
Email: buesching_don_p@lilly.com

Donald L. Patrick, PhD, MSPH
Professor, Department of Health Services
University of Washington, Box 359455
Seattle, WA 98195
Tel: +206-685-7252
Fax: +206-616-3135
Email: donald@u.washington.edu

Publications:

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