Information Sheet on the Perceived Quality of Life Scale (PQoL)

Commonly Asked Questions

What is the POoL?

The Perceived Quality of Life Scale (PQoL) is a measure based on a model defining quality of life as evaluation of major categories of fundamental life needs. Scale items were developed using human needs theory (Maslow, 1943; Doyal and Gough, 1991) and interviews with different populations of older adults, well persons, and persons with disabilities to establish the content of the instrument. The measure is consistent with the needs based theory of quality of life (Hunt and McKenna, 1992) and the World Health Organization Definition of quality or life as people's "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" [italics added] (Bonomi et al., 2000; WHOQoL Group, 1994).

Originally the PQoL was used in a briefer 12-item version for assessing the quality of life of persons following intensive care (Patrick et al., 1988). It was later expanded to 19 items plus a single global item to include evaluation of satisfaction with areas of functional status considered important to persons with varying levels of wellness and disability. Since its original use, it has been more widely applied to a number of different patient and general population groups. (See application references at end of this document).

This measure also incorporates the areas of dysfunction included in the Sickness Impact Profile (SIP) developed in the United States (Bergner et al, 1981) and the Functional Limitations Profile (FLP), a culturally-adapted and UK weighted version of the SIP developed in the United Kingdom (Patrick and Peach, 1989). The PQoL can be correlated with SIP or FLP Category Scores to investigate the relationship between functional status and satisfaction with functioning (see Patrick et al, 2000 on development of the PqoL).

The PQoL is also part of a generic health and quality of life outcomes package being developed at the University of Washington that includes the assessment of functional status using the Short Profile of Illness Impact developed from the SIP, the PQoL, and a current health state desirability or preference measure. For more information on this package and its development, contact Donald Patrick

Who developed the PQoL?

The PQoL was originally developed at the University of North Carolina, Chapel Hill by a team of researchers including Dr. Donald Patrick and Dr. Marion Danis. Later it was expanded and further developed by a team of researchers from the University of Washington, Seattle under the direction of Dr. Donald Patrick. Extensive testing of the PQoL has been conducted in cooperation with Group Health Cooperative of Puget Sound.

What are the PQoL Items?

The PQoL consists of the following 19 items, each with an 11-point response scale, in addition to a global item on happiness used for comparison purposes:

- Extremely dissatisfied/unhappy
- 1 or 2 Somewhat dissatisfied/unhappy
- 3 or 4 A little dissatisfied/unhappy
- 5 Neither satisfied/happy or dissatisfied/unhappy
- 6 or 7 A little satisfied/happy
- 8 or 9 Somewhat satisfied/happy
- Extremely satisfied/happy

The 19 items measure the level of satisfaction; an additional item addressing happiness is used to examine convergent validity within the instrument. The additional item also uses a 0-10 scale to rate his/her happiness.

- P 1 How *dissatisfied* or *satisfied* are you with your physical health (the health of your body)?
- P 2 How *dissatisfied* or *satisfied* are you with how well you care for yourself, for example, preparing meals, bathing, or shopping?
- C 3 How *dissatisfied* or *satisfied* are you with how well you think and remember?
- P 4 How *dissatisfied* or *satisfied* are you with the amount of walking you do?
- P 5 How *dissatisfied* or *satisfied* are you with how often you get outside the house, for example, going into town, using public transportation, or driving?
- C 6 How *dissatisfied* or *satisfied* are you with how well you carry on a conversation, for example, speaking clearly, hearing others, or being understood
 - 7 How *dissatisfied* or *satisfied* are you with the kind and amount of food you eat?
- S 8 How *dissatisfied* or *satisfied* are you with how often you see or talk to your family and Friends?
- S 9 How *dissatisfied* or *satisfied* are you with the help you get from your family and friends, for example, helping in an emergency, fixing your house, or doing errands?
- S 10 How *dissatisfied* or *satisfied* are you with the help you give to your family and friends?
- S 11 How *dissatisfied* or *satisfied* are you with your contribution to your community, for example, a neighborhood, religious, political or other group?
- S 12 How *dissatisfied* or *satisfied* are you with your work situation, for example, your current job, retirement for any reason, or never having worked?
- S 13 How *dissatisfied* or *satisfied* are you with the kind and amount of recreation or leisure you have?

- S 14 How *dissatisfied* or *satisfied* are you with your level of sexual activity or lack of sexual activity?
- S 15 How *dissatisfied* or *satisfied* are you with the way your income meets your needs?
- S 16 How *dissatisfied* or *satisfied* are you with how respected you are by others?
- S 17 How *dissatisfied* or *satisfied* are you with the meaning and purpose of your life?
- S 18 How *dissatisfied* or *satisfied* are you with the amount of variety in your life?
- P 19 How *dissatisfied* or *satisfied* are you with the amount and kind of sleep you get?

The single overall item uses a n 11-point response scale from extremely unhappy to very happy

S 20 How happy are you?

How is the PQoL scored?

Nineteen item scores and an overall score based on the mean or median of the 19 item scores are constructed. A population mean/median of 7.5 has been observed (N=3359). Interpretation of the measure in cross-sectional use is [< 7.5 score is Dissatisfied] and [> 7.5 score is Satisfied].

Subscale scores of physical, social, and cognitive health satisfaction (denoted by P, S, and C accordingly) can be used in further analysis as well as the overall score. Item 7 did not appear to fall into any factor and is best to use on its own.

For convergent validity, the overall PQoL score can be correlated with Item 20, the happiness rating. The Pearson's or ICC correlation coefficient should exceed 0.70.

How is the PQoL administered?

The PQoL can be either administered by an interviewer or self-administered in approximately 5 minutes.

What language versions of the PQoL are available?

The PQoL is available in the following languages: (* indicates validation testing completed)

US English US Spanish Norwegian

Is the PQoL available for use?

For copies of the PQoL and translation, please contact:

Seattle Quality of Life Group, Attn: Sabra Katz-Wise Department of Health Services Box 358852 University of Washington Seattle, WA 98195-7660

For reprints and available pre-publication reports, please contact:

Dr. Donald Patrick
Department of Health Services Box 357660
School of Public Health and Community Medicine
University of Washington
Seattle, WA 98195-7660
Or www.seaqolgroup.org (under construction)

References

General References

Bergner M, Bobbitt RA, Carter WB, Gilson BS. The Sickness Impact Profile: development and final revision of a health status measure. Med Care. 1981 Aug;19(8):787-805.

Bonomi, A. E., Patrick, D. L., Bushnell, D. M., Martin, M. (2000). Validation of the United States' version of the World Health Organization Quality of Life (WHOQOL) instrument. Journal of Clinical Epidemiology, 53, 19-23

Hornquist JO. The concept of quality of life. Scand J Soc Med. 1982;10(2):57-61.

Maslow HA A theory of human motivation. Psychol Rev 1943; 50, 370-96

Doyal L, Goug I. A theory of human need. New York: Guilford Press, 1991.

Hunt SM, McKenna SP. The QLDS: a scale for the measurement of quality of life in depression. Health Policy. 1992 Oct;22(3):307-19.

Patrick DL, Peach H. Disablement in the community. Oxford: Oxford University Press, 1989. The Functional Limitations Profile is available from the author.

World Health Organization Quality of Life Group. The development of the World Health Organization Quality of Life Assessment Instrument (WHOQOL). In J. Orley & W.

Kuyken (Eds.), <u>Quality of life assessment: International perspectives (pp. 41-57)</u>. Berlin: Springer-Verlag, 1994.

<u>Publications on the PqoL and its Development:</u>

Patrick DL, Danis M, Southerland LI, and Hong G (1988) Quality of life following intensive care.

J Gen Int Med 3(3):218-223.

Norburn J, Patrick DL, Beresford SA, and Stein J (1987) Functional status and perceived quality of life among older persons. <u>Proceedings of the 21st Public Health Conference on Records and Statistics</u> 13-15 July 1987. Washington DC: National Center for Health Statistics.

Submitted or In Preparation:

Patrick DL, Engelberg R, Kinne S. Refinement and responsiveness of the Perceived Quality of Life Scale (PQOL). In preparation.

Known published uses of the PQoL:

- Baxter J, Shetterly SM, Eby C, Mason L, Cortese CF, Hamman RF. (1998) Social Network factors Associated with Perceived Quality of Life. <u>Journal of Aging and Health</u>. 10 (3): 287-310.
- Caldwell EM, Baxter J, Mitchell CM, Shetterly SM, Hamman RF. (1998) The Association of Non-Insulin-Dependent Diabetes Mellitus with Perceived Quality of Life in a Biethnic Population: The San Luis Valley Diabetes Study.

 <u>American Journal of Public Health</u>. 88 (8): 1225-1229.
- Conn VS, Taylor SG, Casey B. (1992) Cardiac rehabilitation program participation and outcomes after myocardial infarction. <u>Rehabilitation Nursing</u>. 17 (2): 58-62.
- Hurel D, Loirat P, Saulnier F, Nicolas F, Brivet F. (1997) Quality of life 6 months after intensive care: results of a prospective multicenter study using a generic health status scale and a satisfaction scale. <u>Intensive Care Medicine</u>. 23: 331-337.
- Patrick DL, Beresford SA, Ehreth J, Diehr P, Picciano J, Durham M, Hecht J, Grembowski D (1995) Interpreting excess mortality in a prevention trial for older adults."

International Journal of Epidemiology 24(Suppl 1): S27-S33.

Patrick DL, Kinne S, Engelberg RA, Pearlman RA. (2000). Functional Status and Perceived

Quality of Life in Adults with and without Chronic Conditions. <u>Journal of Clinical Epidemiology</u> 53: 779-785

- Patrick DL, Ramsey SD, Spencer AC, Kinne S, Belza B, Topolski TD. Economic evaluation of aquatic exercise for persons with osteoarthritis. Med Care. 2001 May;39(5):413-24.
- Patrick DL, Kinne S, Engelberg RA, Pearlman RA. Functional status and perceived quality of life in adults with and without chronic conditions. J Clin Epidemiol. 2000 Aug;53(8):779-85.
- Sawdon V, Woods I, Proctor M. (1995) Post-intensive care interviews: implications for future practice. <u>Intensive and Critical Care Nursing</u>. 11 (6): 329-332.
- Steiner RP, Looney SW, Hall LR, Wright KM. (1995) Quality of life and functional status among homeless men attending a day shelter in Louisville, Kentucky. Kentucky Medical Association Journal. 93: 189-195.
- Unutzer J, Patrick DL, Simon G, Grembowski D, Walker E, Rutter C, Katon W (1997)
 Depressive Symptoms and the Use of Health Services in HMO Patients Age 65
 and Over: A Four-Year Prospective Study. <u>Journal of American Medical</u>
 Association. 277 (20):1618-1623.