

# Youth Quality of Life –Surveillance (YQOL-S) Instrument

## Seattle Quality of Life Group

### Frequently Asked Questions

#### Q: What is the YQOL-S?

**A:** The YQOL-S is a generic quality of life (QoL) measurement designed for all youth ages 11-18 years, including those with and without disabilities. It is an easy-to-understand self-administered questionnaire. A readability analysis has confirmed that the YQOL-S is readable at the 4th grade level. Table 1 shows the modular applications and the number of items associated with each module.

**Table 1. YQOL Modular Development with Applications**

#### ADD YQOL-SF

	YQOL-S: surveillance	Scores
<b>Group-Level</b>		
Perceptual	8 items	1 overall score

The questions comprising the YQOL-S were selected from the questions on the YQOL-R to reflect issues of most likely importance to policy makers, rather than to be representative of the YQOL-R as a whole. Thus it *cannot* be viewed as a short form of the longer module with the same psychometric properties.

The YQOL-S items are perceptual and therefore are known only to the youth themselves.

The YQOL-S is designed for monitoring leading indicators of QoL in adolescent populations, and is not scored by domain, as each question is regarded as a social indicator in itself. The YQOL scores are transformed to a **0-100** scale for easy interpretability, higher scores indicating better QoL. Scoring syntax is available from the authors.

#### Q: How were the YQOL instruments developed?

**A:** Early decisions made regarding the development of the YQOL instruments were based on extensive reviews of the adolescent health-related quality of life literature (conducted by the authors), which revealed a shortage of instruments that met criteria considered essential for the understanding and assessment of adolescent QoL (Edwards, Huebner, Connell, and Patrick, 2002), generally, and in craniofacial populations specifically (see below). QoL is defined as a subjective judgment of the quality of one's own life, and is not equivalent with health or functional status. The

YQOL instruments were defined according to a *needs-based* model that identifies QoL as the degree to which most or all human needs are met.

The YQOL instruments were designed to include the most important concerns of youth, and was developed through three types of data: (a) in-depth interviews with youth ages 11-18 with and without disabilities, from many different settings, asking what was important to their life; (b) focus groups with youth ages 11-18 with and without disabilities, with primary caregivers of youth with and without disabilities, and with youth health and welfare professionals; and (c) consultation with existing assessment instruments, such as the National Longitudinal Adolescent Health Survey (ADD Health). To the maximum possible extent, the content of the measure was defined by adolescents themselves and the items written in their own language.

**Q: What are the applications of the YQOL-S?**

**A:** The YQOL-S has been used to examine the relationship between QoL and health risk behavior (Topolski, Patrick, Connell, Edwards, & Huebner, 2001), and mobility disability (Edwards, Patrick, & Topolski, 2003), and is an appropriate tool for assessing and monitoring QoL indicators in diverse adolescent populations. It requires only 1 minute to complete and can be easily added to ongoing school-based or other surveys, such as the Youth Risk Behavior Survey (YRBS).

**Q: Which translations are available?**

**A:** The original instrument was developed in the US. At this point Croatian, Dutch, English (UK), English (US), Polish, Portuguese (Brazil) and Spanish (US), and Spanish (Puerto Rico) translations are available. The YQOL-S is also available in Dutch, English (UK), English (US), French, German, Greek, Polish, Spanish (Castilian), and Spanish (US).

**Q: May we have permission to use the YQOL?**

**A:** The YQOL-S is copyrighted in the United States by the University of Washington. Please do not use the instrument without permission. Any use of the measure requires that the wording of items, instructions, and scoring be kept standardized. A user's agreement is available from the authors.

**Q: Where can I obtain the YQOL instruments?**

**A:** The American English YQOL-S is available online free of charge at [www.seaqolgroup.org](http://www.seaqolgroup.org). All other materials are available from the authors at:

Seattle Quality of Life Group  
University of Washington, Department of Health Services  
Box 359455  
Seattle, WA 98195-9455  
Phone: (206) 685-6530  
Email: [seaqol@u.washington.edu](mailto:seaqol@u.washington.edu)

More information on the YQOL instruments and the Seattle Quality of Life Group is also available online at [www.seaqolgroup.org](http://www.seaqolgroup.org)

## References

- Edwards, T.C., Huebner, C.E., Connell, F.A., and Patrick, D.L. (2002). Adolescent quality of life, part I: Conceptual and measurement framework. Journal of Adolescence, 25(3), 275-286.
- Edwards, T.C., Patrick, D.L., and Topolski, T.D. (2003). Quality of life of adolescents with disabilities. Journal of Pediatric Psychology, 28, 233-241.
- Edwards, T.C., Patrick, D.L., Topolski, T.D., Aspinall, C., Mouradian, W.E., & Speltz, M.L. (2005). Approaches to craniofacial-specific quality of life assessment in adolescents. Cleft Palate-Craniofacial Journal, 42(1), 19-24.
- Patrick D.L., Edwards, T.C., and Topolski, T.D. (2002). Adolescent quality of life, part II: Initial validation of a new instrument. Journal of Adolescence, 25(3), 287-300.
- Topolski, T.D., Edwards, T.C., Patrick, D.L. (2005). Quality of life: How do adolescents with facial differences compare with other adolescents? Cleft Palate - Craniofacial Journal, 42(1), 25-32.
- Topolski, T.D., Edwards, T.C., Patrick, D.L., Varley, P., Way, M.E. and Buesching, D.P. (2004). Quality of life of adolescent males with attention-deficit hyperactivity disorder. Journal of Attention Disorders, 7(3), 163-173.
- Topolski, T.D., Patrick, D.L., Edwards, T. C., Huebner, C. E., Connell, F. A., and Mount, K. K. (2001). Quality of life and health-risk behavior among adolescents. Journal of Adolescent Health, 29, 426-435.