

Mental Health

Structured review

Instruments for Mental Health: a Review

National Centre for Health Outcomes Development, University of Oxford
Patient-reported Health Instruments Group (*formerly the Patient-Assessed Health Outcomes Programme*)

Report to the UK Department of Health, September 2000

Executive Summary

Background

Research Aims

Methods

Key findings

Key conclusions and recommendations

Description of instruments reviewed

Reviewed instruments and associated links

User Groups

Executive Summary

Background

The term ‘mental illness’ covers a wide range of mental disorders including severe psychotic illness (such as schizophrenia) and chronic non-psychotic illness (principally depression and anxiety). For both types of mental illness the objectives of care are improved health and social functioning and reduced mortality from suicide and physical illness (Jenkins, 1992). Patient-reported health outcome measures offer a method of assessing the outcome of care or interventions (in terms of symptoms, functioning, subjective well-being or quality of life) from the patient’s perspective, via the use of questionnaires, interviews and other methods.

Research Aims

- to examine why patient-based outcome measures are increasingly used;
- to summarise the range of instruments available for measuring patient-reported health outcomes in the area of mental health;
- to identify any consensus existing in reviews of mental health measures as to the most suitable instruments;
- to identify and discuss conceptual and methodological issues in measuring patient-reported health outcomes in this field.

Methods

Relevant literature was identified via a search of several electronic databases (Embase, Medline, Biological Abstracts, PsycInfo (*previously Psychlit*), AMED,

Econlit, Sociological Abstracts and Cinahl) from 1990 onwards. The literature was searched using (i) a previously developed comprehensive strategy for capturing references relating to patient-reported outcome measures combined with (ii) specific terms relating to mental health/illness and the type of publication we wished to retrieve i.e. reviews. The papers of abstracts relating to reviews of available patient-based outcome instruments for mental health/illness were obtained for examination, although only those giving summary ratings to the instruments' psychometric properties were included in the final analysis. This report restricts itself to an examination of multi-dimensional measures and those relating to functioning or quality of life. Measures of symptoms are not included.

Key findings

The literature search generated four peer-reviewed structured reviews of patient-reported outcome measures in the field of mental health, which rated instruments according to their psychometric properties. In addition one published compendium of measurement scales was identified as meeting the inclusion criteria, in terms of providing ratings of instruments, and was included as a result.

A total of 85 instruments were identified across these reviews and summary information, together with the ratings assigned by the reviews, are reproduced in this report. Many of the instruments were found to be lengthy and relatively time-intensive. Unlike with the physical diseases, a significant number of measures were completed on behalf of the patient by proxy. The vast majority of instruments were potentially applicable to a mental health population and were considered potentially suitable for use in either research or clinical practice.

Most of the reviews make their recommendations on the basis of the extent of psychometric evaluation of the instruments although one considered the particular applicability of the instrument to the routine practice setting (Andrews et al, 1994). The Lehman Quality of Life Interview (Lehman, 1983) was recommended by a majority of the reviews (Atkinson & Zibin, 1996; van Nieuwenhuizen et al, 1997; Lehman, 1996).

The Oregon Quality of Life Questionnaire/Scale/Interview (Bigelow et al, 1991) and the Lancashire Quality of Life Profile (Oliver, 1992) were both recommended by two of four reviews (Atkinson & Zibin, 1996; Lehman, 1996, and Lehman, 1996; van Nieuwenhuizen et al, 1997 respectively).

Other instruments singled out as showing promise and/or for use among specific populations include two disease-specific measures: the Quality of Life in Depression Scale (McKenna & Hunt, 1992) and the Quality of Life Scale (Heinrichs et al, 1984), for depression and schizophrenia respectively. Finally the following were also noted for merit: the SF-36 (Ware & Sherbourne, 1992); the Quality of Life, Enjoyment and Satisfaction Questionnaire (Endicott et al, 1993); the Quality of Life Index for Mental Health (Becker et al, 1993); the Quality of Life Self-Assessment Inventory (Skantze & Malm, 1994).

Key conclusions and recommendations

In spite of the potential difficulties in obtaining outcomes information from patients with certain types of mental illness, evidence suggests that even among those with

chronic and severe mental illness, patients are able to evaluate their condition and the information they provide is unique and invaluable.

There is a wealth of measures available (functional, quality of life and multi-dimensional) for measuring patient's perspectives of outcomes and it is clear that no single measure will meet all needs for outcomes data across all settings. The choice of instrument depends upon the application for which the instrument is intended (research, evaluation, individual patient care or population assessment) and the nature of the outcome information desired. It also includes factors such as the nature of the mental illness (for some types of mental illness reliance on self-report alone may be unwise) and whether or not the intervention is multi-disciplinary (which would support the use of a broader definition of outcome, rather than a more restricted health-related one). Regardless of the nature of the intervention or outcome, the instrument chosen for use should, however, have well-established psychometric properties.

Several instruments are singled out for merit, a number of which are suitable for use in a research/evaluative context. A few are considered potentially useful for survey use at the population level, although it has been commented that currently available measures tend to focus on psychological ill-health and mental illness at the expense of positive mental health and psychological well-being (Bartlett & Coles, 1998). Several instruments are proposed for potential use in clinical practice however caution must be exercised here since it is generally considered in the patient-reported health outcomes field that evidence to date does not support the use of such instruments in routine practice (Fitzpatrick et al, 1998). In particular, it has been suggested that instruments do not yet meet the stringent psychometric criteria for use at the individual patient level (Greenhalgh & Meadows, 1999).

Finally, unresolved issues remain, including, most fundamentally, a lack of a clear consensus of what quality of life constitutes and how it should be measured. Although it is sometimes suggested that different parties, not just the patient, should evaluate quality of life, it is unclear how these evaluations should be reconciled.

A table with a summary description of the instruments reviewed follows.

***** Further information regarding reviews of instruments, analysis of individual measures, and recommendations can be found by referring to a full copy of the report, available in PDF format on the [PHI Group website](#) *****

Description of instruments reviewed (*from Table II of the report*)
recommended instruments

Instrument <i>Type of instrument (where documented)</i>	Number of items	Dimensions
Affect Balance Scale	10	Positive and negative psychological reaction to daily life events. Yes/no responses or frequency scale. Variable time-frame.
Behaviour and Symptom Identification Scale/BASIS <i>Multidimensional</i>	32	Relation to self and others, daily living and role functioning, depression and anxiety, impulsive and addictive behaviour, psychosis. 5-point scale
Brief Follow-up Rating <i>Quality of life</i>	9	Functioning in the community, occupation, housing, friendships and social activities, two years previously and at follow-up.
Brier Disability Questionnaire <i>Functioning</i>	8 (from SF-20)	Vigorous and moderate activities and performance of expected daily activities. 3-point scale. Covers past month.
California Well-being Project Client Interview <i>Quality of life</i>	151 (self) 76 (family) 77 (professional)	Happiness, health, income, work/achievement, comfort, social life, spiritual life, resources, food, accommodation, sexual life, creativity, basic human freedoms, warmth and intimacy, safety, and more. Mostly Likert-scaled questions with some open-ended items. Covers subjective well-being.
Classification of Intellectual and Other Psychological Impairments <i>Functioning</i>		Global intellectual and cognitive functioning, consciousness, sleep and wakefulness, cognitive processes, reality testing, drives, volition, mood and affect, psychomotor functions. 3- to 5-point scales. Assesses function for past month and during interview.
Client Adjustment Rating Scales <i>Functioning</i>	33	Motivation, self-concept, self-reliance, affect and mood, vocational-educational readiness, interpersonal relationships, personal maintenance, community resources, family functioning. 5-point scale
Client Quality of Life Interview/Scale <i>Quality of life</i>	46 (self) 19 (interviewer ratings)	L: essentials of life (food, clothing, shelter, health, hygiene, money, safety), job training and education, daily activities and recreation, privacy, social supports, social time, self-reliance, peace of mind. Covers subjective well-being, resources and opportunities, functioning. V: leisure and recreation, education and employment, finances, living situation, family, friends and community, ability to cope. Ratings use fixed, ordinal scales.
Community Adjustment Form <i>Quality of Life</i>	140	A: living situation, time spent in institutions, employment, leisure activities, social relationships, quality of environment, life satisfaction. L: as above and income, family, legal, self-esteem, medical care, agency utilisation. Covers subjective well-being, resources and opportunities, functioning.
Community Disability Scale <i>Functioning</i>	32	Personal hygiene, housework, mobility, leisure, physical functioning, money management. 3-point scale
Comprehensive Quality of Life Scale for Adults <i>Quality of life</i>		A: material well-being, health, productivity, intimacy, safety, place in community, emotional well-being. AZ: health, finances, living situation, family, social/love relations, leisure/creativity; community productivity, self-esteem, well-being. Objective and subjective quality of life measured for each domain.
Current and Past Psychopathology Scales <i>Multidimensional</i>	171	Psychopathology, social and role functioning (current). Psychopathology, personality characteristics, academic, interpersonal and occupational adjustment (past).

Denver Community Mental Health Questionnaire <i>Multidimensional</i>	79 (interview) or 72 (qu'aire)	Psychological distress, isolation (family, friends), productivity, public system dependency, drug and alcohol use, client satisfaction, aggression with friends, legal difficulties. Assesses current functioning.
Duke-UNC Health Profile <i>Multidimensional</i>	63	Symptom status, physical function, emotional function, social function, symptom function. 3-point scales (except emotional: 5-point). Varying time-periods.
Duke Health Profile <i>Multidimensional</i>	17	Health measures: physical, mental, social, general, self-esteem, perceived health. Dysfunction measures: anxiety, depression, pain, disability. 3-point scale. Covers current functioning or past week.
Functional Status Questionnaire <i>Functioning</i>	34	Physical, psychological, social role, work situation, confinement to bed, restriction of activities, sexual relationships, perceived health status, social activities. 4- to 6-point scales. Covers previous month.
General Well-being Index <i>Quality of life</i>	22	Feelings about anxiety, depressed mood, positive well-being, self-control, health, vitality. 5-point scale. Covers previous week
General Well-being Schedule	18	Emotional state, anxiety, personal life, sleep, health, daily activities, energy. 6-point or 0-to-10 rating scale. Covers previous month
Global Assessment Scale <i>Functioning</i>		Lowest levels of functioning over the previous week.: range 1-100.
Goal Attainment Scale for Psychiatric Inpatients <i>Functioning</i>	37	Includes aggression, clothing, co-operation, empathy, frustration, tolerance, posture and suicidal talk. 5-point scale
Goteborg Quality of Life Instrument <i>Quality of life</i>		Health, psychiatric symptoms, finances, living situation, family, social/love relations, leisure/creativity, self-esteem, well-being . Subjective
Groningen Social Disabilities Schedule <i>Functioning</i>		Roles: self-care, family, kinship, partner, parental, citizen, social, occupational. 4-point scale
Health Measurement Questionnaire <i>Quality of life</i>		Health, social/love relations, community productivity, self-esteem, well-being. Subjective
Health of the Nation Outcomes Scales <i>Multidimensional</i>		Aggression, self-harm, alcohol and drugs, memory/orientation, physical problems, mood disturbance, hallucinations and delusions, other mental, social relationships, social environment (housing and finance), overall severity.
Independent Living Skills Survey <i>Functioning</i>	112	Eating habits, grooming skills, domestic activities, food preparation, health maintenance, public transport, leisure, job-seeking. 5-point scale. Covers previous month
Katz Adjustment Scales <i>Multidimensional</i>	134 (self) 205 (relative)	Psychiatric symptoms (also symptom discomfort, in the patient scale), social adjustment, expected social activities, performance and satisfaction of activities.
Lancashire Quality of Life Profile <i>Quality of life</i>	A: 105 L: 100	A, V & L: general well-being, work/education, leisure/participation, religion, finances, living situation, legal and safety, family relations, social relations, health, self-conflict. AZ: health, finances, living situation, family, social/love relations, leisure/creativity; community productivity, religion, self-esteem, well-being. Covers subjective well-being, resources and opportunities, functioning. Variable time-frame.

Lehman Quality of Life Interview <i>A: Multidimensional</i> <i>AZ, V & L: Quality of life</i>	143	A & V: living situation, family relations, social relations, leisure, work, finances, safety, health, religion. Core version covers daily activities and functioning instead of finances and leisure. AZ: health, psychiatric symptoms, finances, living situation, family, social/love relations, leisure/creativity, community productivity, religion. Objective and subjective. L: core version covers life satisfaction, living situation, daily activities and functioning, family relations, social relations, finances, work and school, legal and safety, health. Covers subjective well-being, resources and opportunities, functioning. Variable time-frame
Levels of Functioning Scale <i>Multidimensional</i>	4	Duration of non-hospitalisation for psychiatric disorder, social contacts, useful employment, absence of symptoms. Revised version 9 items: duration of hospitalisation, social relationships, occupational functioning, ability to meet basic needs, fullness of life, overall level of function. 5-point scale
Life-as-a-Whole Index <i>Quality of life</i>	Uniscale	Health, self-esteem/well-being. Subjective
Life Experiences Checklist <i>Quality of life</i>		Finances, living situation, social/love relations, leisure/creativity. Objective
Life Satisfaction Index <i>Quality of life</i>	20	Health, psychiatric symptoms, finances. Subjective
Life Skills Profile <i>Multidimensional</i>	39	Self-care, non-turbulence, social contact, communication, responsibility. 4-point scale. Assesses general functioning over previous 3 months.
Major Problem Rating Scale <i>Multidimensional</i>	280	Psychiatric and psychosocial problems grouped into functioning. Indicates at intake whether items are problems; these form the basis of the follow-up items. 4-point scale
McMaster Health Index Questionnaire <i>Multidimensional</i>	59	Assesses performance of physical, social and emotional functioning. Varying time-frames
Mental Health Inventory <i>Multidimensional</i>	38	Anxiety, depression, behavioural/emotional control, general positive affect, emotional ties. Rated on a 6-point scale. Covers previous month. Other versions exist.
Morningside Rehabilitation Status Schedule <i>Multidimensional</i>		Dependency, inactivity, social integration/isolation, effects of current symptoms and behaviour. Rated 0 (independent functioning) to 7 (hospital supervision).
MRC Needs for Care Assessment <i>Multidimensional</i>		Assesses functioning and interventions for problems. Needs then classified on basis of answers. 7-point scale assessing appropriateness of interventions.
MRC Social Role Performance Schedule <i>Functioning</i>	8 ratings	Household management, employment, management of money, child-care, intimate relationship with spouse or close friend, other relationship, social presentation of self, coping with emergencies. 4-point scale
Multifaceted Lifestyle Satisfaction Scale <i>Quality of life</i>		Living situation, social/love relations, leisure/creativity, community/ productivity, self-esteem/well-being. Subjective
Nottingham Health Profile <i>A: Multidimensional</i> <i>AZ: Quality of life</i>	38	A: energy, emotional reaction, social isolation, sleep, pain, physical mobility. AZ: health, social/love relations, self-esteem/ well-being. Objective and subjective. Yes/no answers

(Oregon) Quality of Life Questionnaire/Interview (Bigelow)* <i>Quality of life</i> *it is unclear whether or not these are two separate measures	263	A: psychological distress, well-being, toleration and coping with stress, basic need satisfaction, independence, interpersonal interaction, spouse role, social support, work (job and home), employability, leisure time, alcohol and drugs. AZ: health, psychological symptoms, finances, living situation, social/love relations, community/productivity, self-esteem/well-being. Objective
Philadelphia Geriatric Center Morale Scale	22	Emotional reaction, energy, social relationships, accommodation, activity, anxiety, health, anger, life satisfaction. Dichotomous responses
Psychiatric Evaluation Form <i>Multidimensional</i>	27	Psychopathological scales and role impairment. Covers a one-week period.
Quality of Life Checklist <i>Quality of life</i>	A & L: 93 N: 95	Housing and household, knowledge and education, relationships, dependency, inner experience, medical care, leisure, work, religion. Covers subjective well-being, resources and opportunities and functioning. Scored as 'satisfactory', 'unsatisfactory', or on a 10-point scale. Time-frame is previous month.
Quality of Life in Depression Scale <i>Quality of life</i>	34	A: covers how respondents are feeling at the moment, their needs and satisfaction. AZ: health, living situation, family, social/love relations, leisure/creativity, community/productivity, self-esteem/well-being. Subjective Answers true/false or yes/no. Previous few days evaluated.
Quality of Life Enjoyment and Satisfaction Questionnaire <i>Quality of life</i>	93	A: physical health, subjective feelings, leisure activities, social relationships, general activities, work, household duties, school- or course-work. AZ: health, living situation, social/love relations, leisure/creativity, community productivity, self-esteem/well-being. Subjective Uses a 5-point scale. Covers previous week.
Quality of Life Index <i>Quality of life</i>		A: activity, daily living, health, support, outlook. AZ: health, family, social/love relations, community productivity, self-esteem/well-being. Objective 3-point scale
Quality of Life Index for Mental Health A: multidimensional AZ & V: <i>Quality of life</i>	113 V: various versions of 42, 68 and 28 items	A and V: satisfaction of objective QoL indicators, occupational activities, psychological well-being, physical health, social relations, economics, activities of daily living, symptoms, goal attainment. AZ: health, psychiatric symptoms, finances, living situation, social/love relations, leisure/creativity, community productivity, self-esteem, well-being. Subjective and objective Variable time-frame
Quality of Life Interview Schedule <i>Quality of life</i>	87	Health, psychiatric symptoms, finances, living situation, social/love relations, leisure/creativity, self-esteem/well-being. Objective
Quality of Life Inventory <i>Quality of life</i>		Health, finances, living situation, family, social/love relations, leisure/creativity, community productivity, religion, self-esteem/well-being. Subjective
Quality of Life Questionnaire <i>Quality of life</i>		Living situation, social/love relations, leisure/creativity, community productivity, self-esteem/well-being. Subjective and objective

Quality of Life Scale <i>Quality of life</i>	21	A and V: intrapsychic foundations, interpersonal relations, instrumental role, common objects and activities. AZ: psychological symptoms, social/love relations, leisure/creativity, community/productivity, self-esteem/well-being. L: commonplace activities, occupational role, work, possession of objects, interpersonal relations, sense of purpose, motivation, curiosity, anhedonia, aimless inactivity, empathy, emotional interaction. V: focuses specifically on deficit symptoms. Subjective and objective. Covers subjective well-being, resources and opportunities, functioning. Rated on a 7-point scale. Covers previous month.
Quality of Life Self-Assessment Inventory <i>Quality of life</i>	100	AZ: health, finances, living situation, social/love relations, leisure/creativity, community productivity, religion, self-esteem/well-being. V: housing, environment, knowledge and education, contacts, dependence, inner experience, mental health, physical health, leisure, work, religion. Subjective Ratings are satisfactory or unsatisfactory. Evaluated time period is the present.
Quality of Life Systemic Inventory <i>Quality of life</i>		Health, family, leisure/creativity, community productivity. Subjective
Quality of Well-being Scale <i>A: multidimensional</i> <i>AZ: quality of life</i>	≥18	A: 3 dimensions - mobility, physical activity, social activity. Function level assigned. AZ: health, psychiatric symptoms, social/love relations, community productivity. Objective Covers previous 8 days.
Questionnaire for Life Satisfaction Assessment <i>Quality of life</i>	32	Friends, leisure, health, finances, work, living situation, family and children, partner and sexuality. 4-point scale, from 'dissatisfied' to 'very satisfied', over the previous four weeks
Rating of Social Disability <i>Multidimensional</i>	208	Physical, behavioural and social disabilities. Item is marked if disability is present. Assessment made 6 months after onset of disability
Rehabilitation Evaluation <i>Functioning</i>	23	Deviant behaviour, social and everyday behaviour. 3-point scales. Needs 1-week observation period
Resource Associated Functional Level (Revised) <i>Multidimensional</i>	15	Life skills (antisocial, self-care, withdrawal, compliance, bizarre), illness, accommodation, employment, social relationships. Functioning rated true/false
Resource Associated Functional Level Scale <i>Functioning</i>		7- point scale representing functioning and independence from mental health system
Role Functioning Scale <i>Functioning</i>	4 single scales	Working, independent living and self-care, immediate social network relationships, extended social network, relationship. 7-point scale
Satisfaction with Life Domains Scale <i>Quality of life</i>	15	A: house, neighbourhood, food, clothing, health, people living with, friends, family, relationships, job, leisure, community activities and facilities, finances, current home compared to hospital. V: as above, plus work/day programming. L: as above, plus fun. Covers subjective well-being. 7-point 'delighted' to 'terrible' faces scale. Unspecified time-frame

Satisfaction with Life Scale <i>Quality of life</i>		Self-esteem/well-being. Subjective
Schedule for the Evaluation of Individual Quality of Life <i>Quality of life</i>		User-defined. Subjective
SF-36 <i>A: Multidimensional</i> <i>AZ: Quality of life</i>	36	A: physical functioning, physical and emotional role limitations, bodily pain, mental health, social functioning, vitality, general health perceptions, reported health transition. AZ: health, family, social/love relations, leisure/creativity, community productivity, self-esteem/well-being. Objective and subjective. 4-week or 1-week time-frame
Sickness Impact Profile <i>A: multidimensional</i> <i>AZ: Quality of life</i>	136	A: sleep and rest, eating, work, home management, recreation and pastimes, ambulation, mobility, body care, movement, social interaction, alertness, emotional behaviour, communication. AZ: health, living situation, social/love relations, leisure/creativity, community productivity, self-esteem/well-being. Subjective and objective Respondents endorse statements about functioning for the day, related to health.
Single-item Indicators of Well-being <i>Quality of life</i>	Several scales (1 item each)	7-point 'delighted' to 'terrible' faces scale and 9-point ladder scale (best life to worst life)
SmithKline Beecham Quality of Life Scale <i>Quality of life</i>	28	Health, finances, social/love relations, leisure/creativity; community productivity; religion. Subjective Rates 'self now', 'ideal self', 'sick self'.
Social Adjustment Scale <i>Functioning</i>	42	Work, social and leisure, relationship with extended family, parental/marital role, economic independence. 5- to 7-point scale. Covers 2 months.
Social Adjustment Scale for Schizophrenics <i>Functioning</i>	52	Work, household, external family, social/leisure activities, personal well-being. 5-point scale. Covers past 2 months
Social Adjustment Scale Self-report <i>Functioning</i>	42	Work, social and leisure, relationships with family, marital, parental, family unit. 5-point scale. Covers previous 2 weeks.
Social Behaviour Assessment Schedule <i>Multidimensional</i>	239	Demographics, patient's behaviour, patient's social performance, adverse effects on others, concurrent event, support to informant/informant's housing situation. 3- to 5-point scales
Social Behaviour Schedule <i>Functioning</i>	21 ratings	Communication, social mixing, panic attacks and phobias, acting out bizarre ideas, depression, personal appearance and hygiene. Additional items cover occupation, leisure, restrictions on activity, unrealistic aims, reason for being in setting, most difficult problem, handicaps, work quality, attitudes. 4- to 5-point scales. Covers previous month.
Social Dysfunction Rating Scale <i>Quality of life</i>	21	Self-system, interpersonal system, performance system (personal satisfaction and self-fulfilment). Rated 'not present' (1) to 'severe' (6)
Social Functioning Scale <i>Functioning</i>	78	Social engagement/withdrawal, interpersonal, pro-social, recreation, independence-competence, independence-performance, employment. 4- to 5-point scales

Social Functioning Schedule <i>Multidimensional</i>	121	Employment, household, money, self-care, marital relationship, child-care, parent-child relationships, extra-marital relationships, social contacts, hobbies, spare-time activities. Analogue scale used. Covers previous month.
Social Maladjustment Schedule <i>Multidimensional</i>	26 pages, 42 ratings	Housing, occupation, social role, economic situation, leisure and social activities, family relationships, marriage. 4-point scale
Standardised Social Schedule <i>Quality of life</i>	48	Housing, occupation/social role, economic situation, leisure/social activities, family and domestic relationships, marital situation. Covers subjective well-being, resources and opportunities, functioning.
Structured and Scaled Interview to Assess Maladjustment <i>Functioning</i>	60	Work, social, family, marriage, sex. 11-point scale
Subjective Well-being Inventory <i>Quality of life</i>	40	Satisfaction with life on a 3-point scale
Vermont Community Questionnaire <i>Multidimensional</i>	VCQ-C = 233 VQL-L = 156	VCQ-C (cross-sectional): residence, work, finances, intimate relationships, family information, social support, weekly activities, self-care, use of treatment services, contact with criminal justice system, community involvement, satisfaction, environmental stressors, competence, psychopathology. VQL-L (longitudinal): medications, residence, hospitalization, work, income, important personal relationships, deaths of important people, other life- events, use of community support systems, physical health. Covers previous 20 years.
WHO Psychiatric Disability Schedule <i>Functioning</i>		Social dysfunction and adjustment 6-point scale. Covers previous month.
WHO Quality of Life Assessment <i>Quality of life</i>	278	Physical, psychological, levels of independence, social relationships, environment, spiritual. 5-point scale. Covers previous 2 weeks.

KEY:	
A	Andrews et al. (1994)
AZ	Atkinson & Zibin (1996)
L	Lehman (1996)
MN	McDowell & Newell (1996)
V	van Nieuwenhuizen et al. (1997)

Reviewed instruments and associated links

recommended instruments

* = link available

Affect Balance Scale*

Behaviour and Symptom Identification Scale/BASIS*

Brief Follow-up Rating

Brier Disability Questionnaire

California Well-being Project Client Interview

Classification of Intellectual and Other Psychological Impairments

Client Adjustment Rating Scales

Client Quality of Life Interview/Scale

Community Adjustment Form

Community Disability Scale

Comprehensive Quality of Life Scale for Adults

Current and Past Psychopathology Scales

Denver Community Mental Health Questionnaire

Duke-UNC Health Profile

Duke Health Profile*

Functional Status Questionnaire

General Well-being Index

General Well-being Schedule

Global Assessment Scale

Goal Attainment Scale for Psychiatric Inpatients

Goteborg Quality of Life Instrument

Groningen Social Disabilities Schedule

Health Measurement Questionnaire

Health of the Nation Outcomes Scale

Independent Living Skills Survey

Katz Adjustment Scales

Lancashire Quality of Life Profile

Lehman Quality of Life Interview

Levels of Functioning Scale

Life-as-a-Whole Index

Life Experiences Checklist

Life Satisfaction Index

Life Skills Profile

Major Problem Rating Scale

McMaster Health Index Questionnaire

Mental Health Inventory

Morningside Rehabilitation Status Schedule

MRC Needs for Care Assessment

MRC Social Role Performance Schedule

Multifaceted Lifestyle Satisfaction Scale

Nottingham Health Profile

(Oregon) Quality of Life Questionnaire/Interview (Bigelow) – *may be two separate measures*

Philadelphia Geriatric Center Morale Scale

Psychiatric Evaluation Form

Quality of Life Checklist

Quality of Life in Depression Scale
Quality of Life Enjoyment and Satisfaction Questionnaire
Quality of Life Index
Quality of Life Index for Mental Health
Quality of Life Interview Schedule
Quality of Life Inventory
Quality of Life Questionnaire
Quality of Life Scale
Quality of Life Self-Assessment Inventory
Quality of Life Systemic Inventory
Quality of Well-Being scale*
Questionnaire for Life Satisfaction Assessment
Rating of Social Disability
Rehabilitation Evaluation
Resource Associated Functional Level (Revised)
Resource Associated Functional Level Scale
Role Functioning Scale
Satisfaction with Life Domains Scale
Satisfaction with Life Scale
Schedule for the Evaluation of Individual Quality of Life
SF-36*
Sickness Impact Profile*
Single-item Indicators of Well-being
SmithKline Beecham Quality of Life Scale
Social Adjustment Scale
Social Adjustment Scale for Schizophrenics
Social Adjustment Scale Self-report
Social Behaviour Assessment Schedule
Social Behaviour Schedule
Social Dysfunction Rating Scale
Social Functioning Scale
Social Functioning Schedule
Social Maladjustment Schedule
Standardised Social Schedule
Structured and Scaled Interview to Assess Maladjustment
Subjective Well-being Inventory
Vermont Community Questionnaire
WHO Psychiatric Disability Schedule
WHO Quality of Life Assessment

User Groups

Work in progress

AM

14 September 2005

**These pages are under constant review.
We welcome constructive feedback and suggestions for appropriate
links, user groups etc.**