

Older People

Structured review

Health Status and Quality of Life in Older People: a Review

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Patient-reported Health Instruments Group (*formerly the Patient-Assessed Health Outcomes Programme*)
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Background

This report presents a structured review of generic and older people-specific self-reported instruments measuring aspects of health and quality of life (HRQL) that have been evaluated for use with older people. This review will provide potential users with information guiding the selection and application of these instruments in clinical trials, routine practice, and population surveys.

Research aims

- to identify generic self-reported, multidimensional instruments that measure HRQL and have been applied in the assessment of older people;
- to identify older people-specific self-reported, multidimensional instruments that measure HRQL;

- to extract and assess evidence relating to the development and evaluation of these instruments, and make recommendations as to their application.

Methods

Electronic databases from their inception to September 2003 were searched using keywords relevant to the development and testing of self-reported instruments that measure HRQL in older people. Several other sources, including journals, were also searched. The names of instruments were then used in a second search strategy. Studies describing instrument development and evaluation were retrieved. Instrument reviews were also retrieved.

After retrieving published papers, the following information was extracted relating to instrument development and evaluation:

- instrument purpose, including the underlying conceptual base being measured and proposed application;
- instrument development, content, and scoring;
- older populations and study settings in which the instrument was developed and tested;
- measurement properties of reliability, validity, responsiveness, and precision;
- instrument acceptability, including response rates and missing data.

Key findings

Generic instruments

15 generic instruments met the review inclusion criteria. The SF-36, Sickness Impact Profile (SIP), and EuroQol EQ-5D have undergone more evaluations following the assessment of older people than the others. Most instruments were developed and evaluated in North America. The COOP and WONCA/COOP charts, EuroQol, Health Status Questionnaire-12 (HSQ-12), Index of Health-related Quality of Life (IHQL), Nottingham Health Profile (NHP), SF-12 and SF-36 have published UK evaluations. Evaluations for several instruments reflect a range of settings, including the community, primary care, hospital, day-care, and residential institutions.

All generic instruments assess physical function; most assess psychological and social well-being. Three instruments assess cognitive well-being, namely the Goteberg Quality of Life questionnaire (GQL), SIP, and the Spitzer Quality of Life index (modified) (SQL). The COOP, SF-36, and SIP assess the widest range of health domains.

The SF-36 has the most extensive evidence of reliability. Four generic instruments, namely the NHP, SF-12, SF-20, SF-36, have evidence of internal consistency and test-retest reliability. The range of reliability estimates support application at the group level and, in some instances, at the individual level. There is limited evidence supporting the application of the COOP and EuroQol EQ-5D at the group level. Four instruments do not have evidence of reliability, namely HSQ-12, IHQL, Quality of Well-being Scale (QWB), and SQL.

Patients and members of the general population were involved in item generation for the NHP, SIP and a modified version of the SQL. However, it is not clear that older people were involved in this process.

Empirical evidence supports the internal construct validity of three instruments, namely the AQoL, SF-12, and SF-36.

With the exception of the Quality of Life index (QLI) and SF-12, all generic instruments have evidence for validity through comparison with instruments that measure similar or related constructs; this is most extensive for the SF-36. With the exception of the COOP, GQL, IHQL, and SQL, all generic instruments have evidence to support their ability to discriminate between groups defined by a range of socio-demographic, health, and health-service use variables; this is most extensive for the EQ-5D, HSQ-12, NHP, SF-12, SF-36, and SIP. The AQoL, COOP, SF-20, SF-36, and SIP have evidence of predictive validity.

With the exception of the GQL, HSQ-12, IHQL, QLI and QWB, all generic instruments have some evidence of responsiveness; this is most extensive for the SF-36 across a range of settings. Strong levels of responsiveness were found for the EQ-5D and NHP where change in health was substantive, for example, following the surgical repair of hip fracture.

Ceiling and floor effects were reported for several domains within the COOP, SF-20, SF-36 (role limitation domains), and SIP. Ceiling effects were reported for domains within the AQoL, FSQ, HSQ-12, and NHP (all domains).

Completion rates were higher with interview administration than with self-completion and ranged from 75% (IHQL) to 100% (COOP charts and NHP). Self-completion rates ranged from 43% (SIP) to 95% (NHP). Completion rates were not reported for the AQoL, GQL, or SQL. Mean completion times for interview administration ranged from ten minutes (NHP) to 35 minutes (SIP). Self-completion times were frequently not reported.

Older people-specific instruments

18 older people specific instruments met the review inclusion criteria. The OARS Multidimensional Functional Assessment Questionnaire (OMFAQ), the Comprehensive Assessment and Referral Evaluation (CARE), the Functional Assessment Inventory (FAI), and the Quality of Life Profile - Senior Version (QOLPSV) have undergone the highest number of evaluations. However, most evaluations for the CARE and the QOLPSV refer to the same older population. The majority of instruments were developed and evaluated in North America; most have one published evaluation. The CARE, EASY-Care, and Brief Screening Questionnaire (BSQ) have published UK evaluations; the CARE was developed in the USA and UK, and the EASY-Care in the UK and other European countries. Most instruments were evaluated in community settings.

Most instruments assess physical function, psychological well-being, and social well-being; seven instruments also assess cognitive function, namely the BSQ, EASY-Care, Geriatric Postal Screening Survey (GPSS), Iowa Self-Assessment Instrument (ISAI), LEIPAD, OMFAQ, and the Philadelphia Geriatric Centre Multilevel Assessment Inventory (PGCMAI). The EASY-Care assesses the widest range of health domains.

There is limited evidence of reliability for most instruments. Four instruments, namely LEIPAD, PGCMAI, Perceived Well-being Scale (PWB), and the Wellness Index (WI), have evidence of internal consistency and test-retest reliability supporting their application in the assessment of groups and, for the PGCMAI and WI, in the assessment of individuals. The BSQ and Geriatric Quality of Life Questionnaire (GQLQ) do not have evidence of reliability.

Older people were involved in item generation for three instruments, namely the GQLQ, QOLPSV, and WI.

Empirical evidence supports the proposed health domains assessed by six instruments, namely the ISAI, LEIPAD, OMFAQ, PWB, Self-evaluation of Life Scale (SELF), and WI.

With the exception of the BSQ, EASY-Care, GSQ, and SELF, all instruments have evidence for validity through comparison with instruments that measure similar or related constructs. With the exception of the BSQ, GQLQ, GSQ, LEIPAD, and Quality of Life Cards (QLC), all instruments have evidence to support their ability to discriminate between groups defined by a range of socio-demographic, health and health-service use variables; this is most extensive for the FAI, GPSS, ISAI, PWB, PGCMAI, QOLPSV, the SENOTS battery, and WI. The CARE, GPSS, OMFAQ, and SELF have evidence of predictive validity.

Evidence of responsiveness was found for only five instruments, namely the GQLQ, OMFAQ, PGCMAI, QOLPSV, and SELF, and this was limited.

Ceiling effects were reported for the OMFAQ ADL and IADL domains. Response distributions were not reported for the remaining instruments.

Although infrequently reported, completion rates were generally higher with interview administration than with postal self-completion; the QOLPSV had the lowest reported self-completion rate. Evidence of acceptability is lacking for the PWB, QLC, and WI.

General

There are few concurrent instrument evaluations, particularly in relation to responsiveness. Most evaluations include the SF-36. Similar levels of reliability and evidence for validity are reported for the SF-36 and EuroQol EQ-5D, and for the SF-36 and NHP. The SF-36 appears to be more responsive across lower levels of morbidity; the EQ-5D and NHP may be more responsive where substantive changes in health are expected.

Seven concurrent evaluations comparing generic and older people-specific instruments were reviewed; reliability and content validity were frequently not evaluated. Higher or comparable levels of responsiveness were reported for two older people-specific instruments, the OMFAQ and Geriatric Quality of Life Questionnaire. However, higher levels of responsiveness were reported for the SF-36 when compared to the OMFAQ and QOLPSV.

For the most extensively studied instruments, evidence suggests that completion difficulties increase with age, declining cognitive ability, and deteriorating health status. Interview administration generally yielded increased completion rates and associated increased completion times when compared to self-completion.

The point at which an individual with cognitive impairment is unable validly to report on their health is not known. The majority of studies excluded cognitively impaired respondents.

Evidence from proxy completion of the EQ-5D, NHP, and SF-36, suggests that informed health professionals are better able to interpret an individual's health status than nominated lay proxies. There is greater agreement between proxies and patients for the assessment of more observable health states; proxies may overestimate health limitations, particularly for less observable health constructs such as emotions and mental status. High participation rates were found for proxy and respondent completion of the OMFAQ and FAI.

Three generic instruments were evaluated for screening purposes, namely the CARE, COOP, and SIP (mobility). The SHORT-CARE and SIP had good sensitivity for levels of depression and poor function, respectively, but had poor specificity. Three older people-specific screening instruments, the BSQ, GPSS, and GSQ, were reviewed; all three instruments require further evidence of measurement properties.

Key conclusions and recommendations

There has been a huge growth in the availability of patient-reported health instruments over the last decade. There are many from which to choose for the assessment of older people.

Two broad approaches to measuring health from the perspective of the older person have been reviewed: generic instruments and older people-specific instruments. Generic instruments aim to cover aspects of health status and quality of life of relevance to the general population. Older people-specific instruments aim to cover issues of specific relevance to the older population.

Generic instruments are suitable for comparisons across general and specific populations; the availability of normative data supports the interpretation of data. Generic instruments are also particularly relevant to economic evaluation. The broad nature of generic instruments facilitates the identification of co-morbid features and treatment side-effects that may not be captured by specific instruments; however, this may also reduce responsiveness.

Their use in general population surveys and the results of this review support the application of several generic instruments in community-dwelling older people, particularly in those with lower levels of morbidity. For example, evidence suggests that the SF-36 is more responsive than older people-specific instruments, namely the OMFAQ and QOLPSV, in community-dwelling adults with acute or chronic illness. However, item relevance may reduce acceptability and responsiveness in the very old, and those with physical disabilities.

Older people-specific instruments have greater clinical appeal due to their specificity of content. Greater respondent acceptability may be associated with the relevance of items to immediate health concerns. Instruments may have an associated increased responsiveness to specific changes in health. However, few older people-specific instruments included older people in item derivation, and evidence of responsiveness is limited.

Generic instruments have undergone more evaluations in the older population than older people-specific instruments, and have more evidence for measurement and practical properties. There is insufficient evidence from concurrent evaluations to indicate whether older people-specific instruments perform better than generic instruments.

The most extensive evidence for measurement properties, offering some support for its application in the assessment of individuals, and responsiveness to change in health across several settings was found for the generic SF-36. There is also good evidence for the reliability of the EQ-5D and NHP, supporting their application in the assessment of groups, and for their validity and responsiveness. Evidence is more limited for the COOP charts, SF-12, and SIP. With the exception of the SIP, all instruments have been evaluated in UK populations. The SF-12 and SF-36 version 2 have yet to be evaluated in an older population. The IHQL and QWB lack evidence for reliability and responsiveness and cannot be recommended for assessing older people.

Where a more detailed and broad ranging assessment of HRQL is required, particularly in older people with lower levels of morbidity, the SF-36 is recommended. Where a more succinct assessment of HRQL is required, particularly for patients in whom a substantive change in health is expected, the EuroQol EQ-5D is recommended; however, further evidence of its reliability and acceptability to respondents is required.

The greatest evidence for measurement properties of older people-specific instruments, with support for application of the ADL domain in assessing individuals, was found for the OMFAQ. However, most evidence is for the ADL/IADL domain only; evidence for reliability and responsiveness is limited. There is limited evidence of reliability, validity, and responsiveness for the PGCMAI, QOLPSV, and SELF. None of these instruments has been evaluated in a UK population. The CARE and EASY-Care are the most widely evaluated in UK populations. The EASY-Care has limited evidence of validity and both CARE and EASY-Care lack evidence of responsiveness.

Several older people-specific instruments, namely the BSQ, EASY-Care, GPSS, and GSQ, are relatively new and further evidence of their performance is required. The EASY-Care is an important development in the comprehensive assessment of older people and in the single assessment process. The BSQ, GPSS, and GSQ are new, self-completed instruments for the postal screening of community-dwelling older people, which aims to identify those who would most benefit from a comprehensive assessment.

When selecting an instrument, the appropriateness of item content, relationship to the proposed application and population group, and level of respondent and clinician/researcher burden in terms of time, cost, and feasibility of application should be considered. The EASY-Care covers the broadest range of domains when compared to both generic and older people-specific instruments, and has an economical number of items (total: 85). Undue length may limit the scope for application of several instruments, for example, the generic SIP and older people-specific CARE. The shortest instruments are the generic EQ-5D and older people-specific GSQ. Several instruments cover similar domains with a limited number of items (less than 38): the generic AQoL, COOP, EuroQol, HSQ-12, NHP, SF-12, and SF-36, and the older people-specific BSQ, GPSS, GSQ, and LEIPAD.

Interview administration generally increases instrument completion rates, but at increased cost. Practical considerations, for example, larger typeface and greater use of white space in the questionnaire format, and persuasive methods, for example, telephone contact and home visits, may be required to increase response rates following postal self-completion.

The application of patient-reported health instruments across the spectrum of cognitive impairment in older people is required to evaluate instrument performance further.

Responsiveness has been the most neglected area of instrument evaluation with older people. Moreover, the level of change in HRQL that is important to the respondent, the Minimal Important Difference (MID), has not been addressed. Instruments should be administered longitudinally before and after changes in treatment known to improve HRQL, and health transition questions should be included as external criteria of change in health. Where possible, the relative responsiveness of instruments should be assessed concurrently.

Further evaluation and, where appropriate, refinement of existing instruments is required before new instruments are developed; seeking the views of older people with regard to instrument format, relevance, and mode of completion is strongly recommended. Where it is deemed necessary to develop new instruments, the close involvement of older people in instrument development is recommended.

Supported by recommendations from this review, comparative empirical evaluations of widely used generic and new or widely used older people specific instruments, global assessments and domain-specific instruments are required across the wide range of settings in which older people may be invited to report on their health status. This research will inform decisions regarding the selection of instruments for future application in research and clinical practice.

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 Tables 4.1 and 5.1 of the report)

Generic patient-reported health instruments recommended instruments

| <i>Instrument (no. items)</i> | <i>Domains (no. items)</i> | <i>Response options</i> | <i>Score</i> | <i>Completion (time in minutes)</i> |
|--|---|--|---|--|
| Assessment of Quality of Life instrument (AQoL) (12-15) | Illness (<i>not in Utility calculation</i>) (3), Independent living (IL) (3), Physical ability (PA) (3), Psychological well-being (PWB) (3), Social relations (SR) (3) | Categorical: 3 options (0-3) Current health | Summation Domain profile (0-9, 9 worst HRQL) Index (0-45, 45 worst HRQL) Utility (-0.04 to 1.00) | Self (5-7) |
| COOP Charts for Primary Care Practice (COOP) (8+1) | Bodily pain (BP) (1), Daily activities (ADL) (1), Emotional condition (EC) (1), Physical fitness (PF) (1), Quality of life (QL) (1), Social activities (SA) (1), Social support (SS) (1), Overall health perception (OH) (1), Change in health status (1) | Categorical: 1-5 (illustrated) 2-week recall | Chart profile (1-5, 5 no limitations) | Interview or self |
| WONCA/COOP (6+1) | Bodily pain (BP) (1), Daily activities (ADL) (1), Emotional condition (EC) (1), Overall health perception (OH) (1), Physical fitness: walking (PF) (1), Social activities (SA) (1), Change in health status (1) | Categorical: 1-5 (illustrated) 2-week recall | Chart profile (1-5, 5 no limitations) | Interview or self Interview (mean 49.0, range: 29-65) |
| European Quality of Life Questionnaire (EuroQol) (5+1) | <i>EQ-5D</i> Anxiety/depression (1), Mobility (1), Pain/discomfort (1), Self-care (1), Usual activities (1) <i>EQ-thermometer</i> Global health (1) | <i>EQ-5D</i> Categorical: 3 options <i>EQ-thermometer</i> VAS Current health | <i>EQ-5D</i> Summation: domain profile Utility index (-0.59 to 1.00) <i>Thermometer</i> VAS (0-100) | Interview or self |
| Functional Status Questionnaire (FSQ) (34) | <i>6 core domains:</i> Activities of daily living (ADL) (3), Instrumental ADL (IADL) (6), Psychological function (PsychF) (5), Social function (SF) (3), Work performance (WP) (6), Quality of social interaction (SI) (5) <i>6 single items:</i> Bed disability days, Reduced usual activities, Social interactions (frequency), Overall health, Sexual relationships (satisfaction), Work status | Categorical: 4, 5, or 6 response options 4-week recall | Summation Domain profile (6 domains 0-100, 100 best function) Plus 6 single items scores | Interview (15) |
| Goteborg Quality of Life instrument (GQL) (15) | <i>Part I: GQL instrument</i> Social well-being (4: economy, family, housing, work), Physical well-being (6: appetite, fitness, health, hearing, memory, vision), Mental well-being (5: mood, energy, endurance, self-esteem, sleeping) <i>Part II: Symptom profile</i> | Adjectival responses 1-7 | Summation Domain profile (1-7, 7 best health) Index (7-105, 105 best HRQL) | Self |
| Health Status Questionnaire-12 (HSQ-12) (12) | Bodily pain (BP) (1), Energy/fatigue (E) (1), Mental health (MH) (3), Physical functioning (PF) (3), Perceived Health (PH) (1), Role limitation: mental (RM), (1)Role limitation: physical (RP) (1), Social functioning (SF) (1) | Categorical: 3-6 options Recall 4 weeks | Algorithm Domain profile Summary: physical and mental health (0-100, 100 best health) | Interview |

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|---|---|--|--|---|
| Index of Health-related Quality of life (IHQL) (44) | Disability: dependence, dysfunction Discomfort: pain, symptoms Distress: dysphoria, disharmony, fulfilment | Categorical: 5 options | Algorithm 5-level classification across 3 domains Index (0-1, 1 no impairment) | Interview |
| Nottingham Health Profile (NHP) (38) | Bodily pain (BP) (8), Emotional reactions (ER) (9), Energy (E) (3), Physical mobility (PM) (8), Sleep (S) (5), Social isolation (SI) (5) | Yes/no; positive responses weighted Recall 'general' health | Algorithm Domain profile 0-100, 100 is maximum limitation | Interview Self (10-15) |
| Quality of Life Index (QLI) (64) | <i>Satisfaction (S) and Importance (I) of each domain:</i> Family (S 8, I 8) Health and functioning (S 8, I 8) Psychological / spiritual (S 8, I 8) Social and economic (S 8, I 8) | Likert scale 1-6 for satisfaction, importance | Algorithm: satisfaction score weighted by importance score Domain profile (0-30, 30 best HRQL) Index (0-30) | Self |
| Quality of Well-being Scale (QWB) (30) | Mobility and confinement (MOB) (3 categories) Physical activity (PAC) (3 categories) Social activity (SAC) (5 categories) Symptoms and medical problems (27) | Categorical: yes/no Recall 6 days Symptoms 8 days | Algorithm Index 0-1, 1 complete well-being | Interview Telephone (mean 17.4, range 6-30) |
| Quality of Well-being - Self-administered (QWB-SA) (71-74) | Mobility and Physical functioning (11) Self-care (2), Usual activity (3) Symptoms (58): acute physical (25), chronic (18), mental health (11) | Categorical: yes/no Recall 3 days | Algorithm Index 0-1, 1 complete well-being) | Self (mean 14.2) |
| SF-12: MOS 12-item Short Form Health Survey (12) | Bodily pain (BP) (1), Energy/Vitality (V) (1), General health (GH) (1), Mental health (MH) (2), Physical functioning (PF) (2), Role limitation-emotional (RE) (2), Role limitation-physical (RP) (2), Social functioning (SF) (1) | Categorical: 2-6 options Recall: standard 4 weeks, acute 1 week | Algorithm Domain profile (0-100, 100 best health) Summary: Physical (PCS), Mental (MCS) (mean 50, sd 10) | Interview or self |
| SF-20: MOS 20-item Short Form Health Survey (20) | Bodily pain (BP) (1), General health (GH) (5) Mental health (MH) (5), Physical functioning (PF) (6) Role functioning (RF), Social functioning (SF) (1) | Categorical: 3-6 options Recall: standard 4 weeks, acute 1 week | Algorithm Summation Domain profile (0-100, 100 best health) | Self (5-7) |
| SF-36: MOS 36-item Short Form Health Survey (36) | Bodily pain (BP) (2), General health (GH) (5) Mental health (MH) (5), Physical functioning (PF) (10) Role limitation-emotional (RE) (3), Role limitation-physical (RP) (4), Social functioning (SF) (2), Vitality (V) (4) | Categorical: 2-6 options Recall: standard 4 weeks, acute 1 week | Algorithm Domain profile (0-100, 100 best health) Summary: Physical (PCS), Mental (MCS) (mean 50, sd 10) | Interview (mean values 14-15) Self (mean 12.6) |
| Sickness Impact Profile (136) | Alertness behaviour (AB) (10), Ambulation (A) (12) Body care and movement (BCM) (23), Communication (C) (9) Eating (E) (9), Emotional behaviour (EB) (9) Home management (HM) (10), Mobility (M) (10) Recreation and pastimes (RP) (8), Sleep and rest (SR) (7) Social interaction (SI) (20), Work (W) (9) | Check applicable statements. Items weighted: higher weights indicate increased impairment Recall current health | Algorithm Domain profile (0-100%, 100 worst health); Index (0-100%) Summary: Physical (A, BCM, M), Psychosocial function (AB, C, EB, SI) | Interview (range: 21-33) Telephone: PF only (11.5) Self (19.7) |
| Spitzer Quality of Life (5) | Activity level (AL) (1), Activities of daily living (ADL) (1), Feelings of healthiness (H) (1), Quality of social support (SS) (1), Psychological outlook (O) (1) | Check applicable statement (3 options, score 0-2) Recall previous week | Summation Index (0-10, 10 best health) | Interview |

Older people-specific patient-reported health instruments

| Instrument (no. items) | Domains (no. items) | Response options | Score | Completion (time) |
|--|--|---|---|----------------------------------|
| Brief Screening Questionnaire (BSQ) (26) | ADL (6), Cognitive impairment (1), Financial impact (3), Functional mobility (3), Hearing impairment (1), Mental health (1), Polypharmacy (1), Social contact (2), Symptoms (7), Visual impairment (1) | Categorical: yes/no | Summation Index: 0-26; 26 is worst health | Self or interview |
| Comprehensive Assessment and Referral Evaluation (CARE) (1500) | <i>4 core domains:</i> 1. Psychiatric: self-report/test (252), observation/global (79) 2. Physical/medical/nutritional: self-report (272), observation/global (57) 3. Social needs: self-report (265), observation/global (39) 4. Service needs | Categorical: 2 or 3 options | Summation Index: global overview Narrative summary Domain profile | Interview by trained interviewer |
| CORE-CARE (329) | <i>6 domains:</i> Depression, dementia, disability (activity limitation), subjective memory, sleep, somatic symptoms <i>4 summary scores - 22 indicator scales</i> 1. Psychiatric: cognition (10), depression (29), subjective memory (9) 2. Physical: somatic symptoms (34), heart (15), stroke effects (9), cancer (6), respiratory (6), arthritis (9), leg problems (9), sleep (8), hearing (14), vision (11), hypertension (4), ambulation (27), activity limitation (39) 3. Social: finance (8), neighbourhood (8), crime (18), isolation (34), retirement dissatisfaction (7) 4. Service needs: service utility (15) | Categorical: 2 or 3 options | <i>as above</i> | <i>as above</i> |
| SHORT-CARE (143) | <i>6 domains:</i> Depression, dementia, disability, subjective memory, sleep, somatic symptoms <i>Diagnostic scales:</i> Depression, dementia, disability | Categorical: 2 or 3 options | <i>as above</i> | <i>as above</i> |
| EASY-Care (up to 85) | General health (19) - includes depression (6): Geriatric depression scale (4), additional items (2); single items include hearing (1), loneliness (1), vision (1), global health (1), communication (1) Disability (17): ADL (6), IADL (11) Memory: cognitive impairment test (6) Home/Safety/Support (14): includes financial concerns Health-care services received (22) Looking after your health (7) | Categorical | Summation 6-domain profile: disability (0-100; 100 is maximum health) | Interview |
| Functional Assessment Inventory (FAI) (not clear: '90 items less than OMFAQ') | ADL impairment (?), Economic resources (?): occupation and income, Mental health (27): mental health, life satisfaction, self-esteem Physical health (?), Social resources (?) <i>Additional items:</i> Socio-demographic, Informant section. Interviewer summary (5 domains) | Categorical; some written answers Interviewer: 6-point categorical | Coding scheme (modified from OMFAQ) 5-domain profile Summary ratings | Interview (mean: 30.6 minutes) |

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| Geriatric Postal Screening Survey (GPSS) (10) | Specific conditions Falls/balance (1), Functional impairment (1), Depression (1), Cognitive impairment (1), Urinary incontinence (1) General health status Health perception (2), Polypharmacy (1), Pain (1), Weight loss (1) | Categorical: yes/no | Summation Index: risk score 0-10; 10 is worst health. >4 is high-risk | Self |
| Geriatric QoL Questionnaire (GQLQ) (25) | 1. ADL (24→8) 2. Symptoms (24→8) 3. Emotional function (9) | 7-point categorical | Summation. 3-domain profile: high score is best health | Interview (mean: 30 mins, range: 20-60 mins) |
| Geriatric Screening Questionnaire (GSQ) (6) | Cognitive impairment, Daily activities, Economic status, General health status, Mental health, Social support | Yes/no | Summation Index: high score is worst health | Interview |
| IOWA Self-Assessment Inventory (ISAI) Revised (56) | Alienation (8), Anxiety/depression (8), Cognitive status (8), Economic resources (8), Mobility (8), Physical health (8), Social support (8) | 4-point categorical | Summation. 7-domain profile 8-56, 56 is best health | Self or interview (preliminary ISAI: median 30-45 mins, revised ISAI: median 15 mins) |
| LEIPAD (31 + 18) | Cognitive function (5), Depression/anxiety (4), Life satisfaction (6), Physical function (5), Self-care (6), Sexual function (2), Social function (3) Moderator scales (18) | 4-point categorical | Summation Index: 0-93, 93 is maximum impairment | Self (15-20 minutes) |
| OARS Multidimensional Functional Assessment Questionnaire (OMFAQ) Part A (120) | <i>Part A:</i> ADL (IADL 7) (14), Economic resources (15), Mental health (21), Physical health (16) Social resources (9), Demographic items (11), Informant items (10) Interview section: Interview-specific (4), Interviewer assessments (15), Interview ratings (5) Short Portable Mental Status Questionnaire (10) <i>Part B:</i> Services Assessment (24) | Categorical, some written answers Interviewer: 5-point categorical | Summary or coding scheme (algorithm) 5-domain profile Index: Cumulative Impairment Score 5-30, 30 is maximum impairment | Interview (Part A: 30 minutes) |
| Perceived Well-being Scale (PWB) (14) | Psychological well-being (6), Physical well-being (8) Index: General well-being (14) | 7-point Likert scale | Summation 2-domain profile Index: 14-98, 98 is best health | - |
| PGC Multilevel Assessment Instrument (PGCMAI) Full (147) Mid-length (68) Short (24) | ADL (16), Cognition (10), Perceived environment (25), Personal adjustment (12), Physical health (49), Social interaction (17), Time use (18) | Check items Interviewer: 5-point categorical | Summation 7-domain profile Interviewer summary assessment | Interview (full: 50 mins) |
| Quality of Life Cards (QLC) (80) | Affect (20), Life experience (20), Satisfaction/happiness (40) | Pick cards: +1 for positive -1 for negative | Summation Index: -80 to +80, +80 is best health | Interview |

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| Quality of Life Profile - Seniors Version (QOLPSV) <i>Full (111)</i> <i>Short (54)</i> <i>Brief (24)</i> | Being: physical (12), psychological (12), spiritual (12) Belonging: physical (12), social (12), community (12) Becoming: practical (13), leisure (13), growth (13) | 5-point categorical: importance, enjoyment | Weighted summation 2-domain profile Index: -3.33 to +3.33 | Interview (up to 1 hour) |
| Quality of life-well-being, meaning and value (QLWMV) (>74?) | Well-being (5): economic, health status, satisfaction with living area Meaning (43): life purpose, intelligibility, manageability (multiple instruments) Value: self-worth (10) Health (>12): objective, subjective, sensory-motor (4) Functional capacity (>10): ADL External factors: living area, housing, accommodation, family, social contact (n?) | Categorical | Instrument scores; not clear | Interview (range: 45 minutes to 4 hours) |
| Self-evaluation of Life (SELF) Scale (54) | Depression (11), Personal control (4), Physical disability (13), Self-esteem (7), Social satisfaction (6), Symptoms of ageing (13) | 4-point categorical | Summation 6-domain profile: high score is worse health | Self (approx 15 mins) |
| SENOTS program and battery (54) | Activity limitation (7), Activity propensity (12), Financial hardship (4), Happiness/depression (24), Physical symptoms (7) | Yes/no | Summation Index: 6-84, 84 is best health | Self or interview |
| Wellness Index (WI) (79) | ADL/IADL (13), Economic resources (10), Morale (20), Physical health (12), Religiosity (11), Social resources (13) | 5-point Likert scale | Summation 6-domain profile, high score is better health | Self |

Reviewed instruments (no. items)

recommended instruments

* = link available

Generic

Health profile

Dartmouth COOP Charts for Primary Care Practice (8+1)*

WONCA/COOP (6+1) charts

Functional Status Questionnaire/FSQ (34)

Goteborg Quality of Life/GQL (15)

Health Status Questionnaire-12/HSQ-12 (12)

Nottingham Health Profile/NHP (38)

Quality of Life Index/QLI (64)

Quality of Well-being - Self-administered/QWB-SA (71-74)*

Short Form 12-item Health Survey/SF-12 (12)*

Short Form 20-item Health Survey/SF-20 (20)

Short Form 36-item Health Survey/SF-36 (36)*

Sickness Impact Profile/SIP (136)*

Spitzer Quality of Life (5)

Utility

Assessment of Quality of Life instrument/AQoL (12-15)

European Quality of Life Questionnaire/EQ-5D (5)*

Index of Health-related Quality of life/IHQL (44)

Quality of Well-being Scale/QWB (30)*

Older-people specific

Brief Screening Questionnaire/BSQ (26)

Comprehensive Assessment and Referral Evaluation/CARE (1500)

CORE-CARE (329)

SHORT-CARE (143)

EASY-Care Assessment Inventory (up to 85)*

Functional Assessment Inventory/FAI (not clear: 90 items fewer than OMFAQ)

Geriatric Postal Screening Survey/GPSS (10)

Geriatric QoL Questionnaire/GQLQ (25)

Geriatric Screening Questionnaire/GSQ (6)

IOWA Self-Assessment Inventory/ISAI (revised version: 56)

LEIPAD (31 + 18)

OARS Multidimensional Functional Assessment Questionnaire/OMFAQ Part A (120)

Perceived Well-being Scale/PWB (14)

PGC Multilevel Assessment Instrument/PGCMAI: *full (147), mid-length (68), short (24)*

Quality of Life Cards/QLC (80)

Quality of Life Profile -Seniors Version/QOLPSV: *full (111), short (54), brief (24)*

Quality of life-well-being, meaning and value/QLWMV (74 items? - not clear)

Self-evaluation of Life/SELF Scale (54)

SENOTS program and battery (54)

Wellness Index/WI (79)

Publications

Haywood KL, Garratt AM, Fitzpatrick R. (2006) Quality of life in older people: a structured review of self-assessed health instruments. *Expert Review of Pharmacoeconomics & Outcomes Research* April;6(2):181-194

Haywood KL, Garratt AM, Fitzpatrick R. (2005) Quality of life in older people: a structured review of generic self-assessed health instruments. *Quality of Life Research* Sep;14(7):1651-68

Haywood KL, Garratt AM, Fitzpatrick R. (2005) Older people specific health status and quality of life: a structured review of self-assessed instruments. *Journal of Evaluation in Clinical Practice* Aug;11(4):315-317

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.**