# Qualiveen Questionnaire

### **Assessment Overview**

#### Assessment Area

#### **ICF Domain:**

Quality of Life

#### **Subscales (domains):**

Limitations/Inconvenience Constraints/Restrictions Fears

Feelings/Impact on Daily Life

# You Will Need

#### Length:

Qualiveen-30: 30 minutes, 30 items

# Scoring:

The questionnaire is based on a 5 point Likert scale. Each domain score is calculated as an average of the scores for the domain items. An overall (averaged) score can also be calculated. Lower scores on this questionnaire indicate higher quality of life.

# Summary

The Qualiveen Questionnaire is a self-report or interview-based measure developed as a condition-specific quality of life measure that could be used in international multi-centre trials, for individuals with SCI who have urinary disorders. The Qualiveen Questionnaire contains 4 domains: Limitations/Inconvenience, Constraints/Restrictions, Fears, Feelings/Impact on Daily Life. The Qualiveen Questionnaire has 3 versions (in order of development): Qualiveen (40 items), Qualiveen-30, SF-Qualiveen (8 items).

# Availability

Available for purchase at <a href="https://eprovide.mapi-trust.org/">https://eprovide.mapi-trust.org/</a>

Information for the Qualiveen-30 can be found here.

**Languages:** English, French, Spanish, Portuguese, Dutch, German, Italian, Arabic, Persian, Greek, Polish, and Turkish

# **Assessment Interpretability**

# Minimal Clinically Important Difference

Not established in SCI

#### Statistical Error

Not established in SCI

# **Typical Values**

See Research Summary for mean scores by populations: Sex, Age, Paraplegia/Tetraplegia, and Cauda equina syndrome.

# **Measurement Properties**

### Validity – **Low** to **High**

# <u>Low</u> to <u>Moderate</u> correlation with Short Form 12 (SF-12):

Physical Component = -0.32

Mental Component = -0.29

(Persian Qualiveen-30; Nikfallah et al., 2015; N=154, 89 male, 80 SCI, 74 MS, outpatient, no information on injury types)

#### **<u>High</u>** Correlation with UDI-6:

r=0.632, P<0.001

(Reuvers et al. 2017; N=57, 37 Male, Mean age: 53.2<u>+</u>14.6 years, AIS Score: 23A, 5B, 7C, 20D)

Number of studies reporting validity data: 4

# Reliability - Moderate to High

#### **<u>High</u>** Test-retest Reliability (3-week interval):

ICC = 0.97

#### **<u>High</u>** Internal Consistency:

 $\alpha = 0.75 - 0.95$ 

(Persian Qualiveen-30; Nikfallah et al., 2015; N=154, 89 male, 80 SCI, 74 MS, outpatient, no information on injury types)

(D'Ancona et al. 2001; N=51, 33 SCI, 40 Male, Mean age:  $36.33 \pm 12.2$  years, age range: 14-64 years)

Number of studies reporting reliability data: 3

# Responsiveness

#### Floor/Ceiling Effect:

Total Score: 0% ceiling & floor For 5 items: 0.7-10.5% floor & 0.7-

3.5% ceiling

(Persian Qualiveen-30; Nikfallah et al., 2015; N=154, 89 male, 80 SCI, 74 MS, outpatient, no information on injury types)

**Effect Size:** 

Not established in SCI

Number of studies reporting responsiveness data: 2