

Quality of Well Being (QWB) and Quality of Well Being– Self-Administered (QWB-SA)

Assessment Overview

Assessment Area

ICF Domain:

Quality of Life

Subscales:

Mobility

Physical Activity

Social Activity

You Will Need

Length:

10-15 minutes, 71 items

Scoring:

The QWB-SA score is calculated by subtracting the combination of the maximum weighted symptom/problem item and the weights associated with mobility, social activity and physical function from a “perfect” score of 1.0.

An overall utility score is calculated between 0.0 and 1.0; where 0.0 represents death and 1.0 represent perfect health.

Training:

None for QWB-SA

Interview training required for QWB

Summary

The Quality of Well-being (QWB) scale was the first instrument specifically designed to measure quality of life for the estimation of quality adjusted life years (QALYs). It is a preference-based measure assessing Mobility, Physical Activity and Social Activity with some measure of symptom/problems.

There are two versions: the QWB (interview) and the QWB self-administered (QWB-SA). This version contains slightly different content and the recall period was decreased from six days to three days to reduce recall bias and increase accuracy.

When costs are examined (using standardized methods), every intervention can be given a QALY score (e.g., how many quality adjusted life years does the intervention save).

Availability

Telephone Screening Interview can be found [here](#).

QWB-SA Manual can be found [here](#).

Languages: English, French

For academic studies, they request that you register with the site.

Assessment Interpretability

Minimal Clinically Important Difference

Not established in SCI;
0.2-0.5 for population with post traumatic stress disorder (PTSD)

(Le et al. 2013; QWB-SA; n=200, age 18-65 with PTSD)

Statistical Error

Not established in SCI

Typical Values

Mean (SD) QWB-SA Score:

0.55 (0.09)

By impairment groups:

Cervical/thoracic/lumbar:

0.53/0.56/0.55

Paraplegic/Quadriplegic:

0.56/0.53

(Andresen et al. 1999; n=183; mean age 50.5; injury level: cervical, thoracic, lumbar; mean (SD) time since injury: 17.92 (11.36) years)

Measurement Properties

Validity – **Low** to **Moderate**

Moderate correlation with Lawton Instrumental Activities of Daily Living (ADL)

Correlation = -0.45

Low to **Moderate** correlation with Short Form-36 (SF-36) Subscales:

Physical Summary correlation= 0.42

Mental Summary correlation = 0.12

Low correlation with Behavioural Risk Factor Surveillance System (BRFSS) items:

Correlation = -.02 to -.25

(Andresen et al. 1999; n=183; mean age 50.5; injury level: cervical, thoracic, lumbar; mean (SD) time since injury: 17.92 (11.36) years)

Number of studies reporting validity data: 1

Reliability

Not established in SCI

Number of studies reporting reliability data: 0

Responsiveness

Floor/Ceiling Effect:

The QWB showed no signs of floor or ceiling effects

(Andresen et al. 1999; n=183; mean age 50.5; injury level: cervical, thoracic, lumbar; mean (SD) time since injury: 17.92 (11.36) years)

Effect Size:

Not established in SCI

Number of studies reporting responsiveness data: 1