

# Incontinence Quality of Life Questionnaire (I-QOL)

## Assessment Overview

### Assessment Area

**ICF Domain:**

Quality of Life

**Subcategory:**

n/a

### You Will Need

**Length:**

22 items – less than 30 minutes

**Scoring:**

A mean score for each subscale is calculated (averaging the scores for the items in each subscale) as well as a total score for all 22 items (sum of all subscale scores).

The scores are then transformed to a 'Scale score' ranging from 0-100 points for ease of interpretation:  $\text{Scale score} = (\text{sum of the items} - \text{lowest possible score}) / \text{possible raw score range} \times 100$ .

### Summary

The I-QOL measures the effect of urinary incontinence on quality of life.

The I-QOL is divided into 3 subscales:

1. Avoidance and limiting behavior (ALB)
2. Psychosocial impact (PSI)
3. Social embarrassment (SE)

### Availability

The I-QOL can be found in the original article (Schurch et al; 2007); however, no information was found on how to access the user manual. The I-QOL is copyrighted and can be purchased at <http://depts.washington.edu/seaqol/IQOL>.

## Assessment Interpretability

### Minimal Clinically Important Difference

MID (Minimally Important Difference) is approximately 4 points when defined as that corresponding to a small effect size (0.2 SD at baseline) and approximately 11 points when defined as corresponding to a medium effect size (0.5 SD at baseline).

### Statistical Error

Not established in SCI

### Typical Values

Not established in SCI

For all items, higher scores indicate less impact of urinary tract infections on quality of life.

## Measurement Properties

### Validity – **Moderate**

**Moderate** Correlation between SF-36 and I-QOL scores at week 24 for mental health.

$r=.45-.59$

**Moderate** Correlation between SF-36 and I-QOL scores at week 24 for social functioning.

$r=.45-.59$

**Moderate** Correlation between SF-36 and I-QOL scores at week 24 for vitality.

$r=.45-.59$

**RANKING N/A:** Correlations between SF-36 and I-QOL scores at the end of the study (week 24) were substantial for most SF-36 domains and tended to be stronger and more likely to be significant than those at screening.

(Schurch et al. 2007, N=59 (53 SCI, 6 MS), mean age=41.2 (range: 20-72yrs), mean duration of detrusor overactivity=63mo (range: 3mo–24yrs))

**Number of studies reporting validity data: 1**

### Reliability – **High**

**High** Internal consistency for the I-QOL total score

$\alpha=0.93$

**High** Internal consistency for the 3 subscales

$\alpha=0.79-0.89$

(Schurch et al. 2007, N=59 (53 SCI, 6 MS), mean age=41.2 (range: 20-72yrs), mean duration of detrusor overactivity=63mo (range: 3mo–24yrs))

**Number of studies reporting reliability data: 1**

## Responsiveness

### Floor/Ceiling Effect:

There were no ceiling effects for I-QOL total and subscales, and a small floor effect for the Social Embarrassment domain (8.9% subjects had lowest score).

### Effect Size:

Not established in SCI

### Number of studies reporting responsiveness data:

Not established in SCI