Assessment Overview

Assessment Area

ICF Domain: Quality of Life Subcategory: Health and functioning, Psychological and spiritual, Social and Economic, and Family

You Will Need

Approximately 10 minutes to complete 37 items **Scoring:** Items are summed resulting in a

composite score that ranges from a maximum value of 49 to a minimum value of 7. Scores represent the satisfaction with different aspects of life; a higher score in one of the 4 domains indicates a higher satisfaction with that particular aspect of life.

Training:

Does not require advanced training.

Summary

The SCI version of Ferrans & Powers Quality of Life Index (QLI) is a selfreport scale designed to measure subjective quality of life in terms of satisfaction within different life domains.

The QLI considers satisfaction and importance in 4 domains: health and functioning, psychological/spiritual, social and economic, and family.

Availability

Can be found <u>here</u>.

Languages: The spinal cord injury version is available in English, Arabic, French, Spanish, and Lithuanian. For other versions (arthritis, cancer, cardiac, etc.), many languages (over 10) are available.

Assessment Interpretability

Minimal Clinically Important Difference	Statistical Error	Typical Values
Not established in SCI	Not established in SCI	 QLI scores: [mean, (SD), range]: No normative data have been established for the SCI population, but the largest sample of people with SCI's scores on the QLI-SCI were: Overall: 21.02 (4.27), 11-30 Health & Functioning: 19.92 (4.83), 6.38-30 Social & Economic: 21.56 (4.26), 11.75-30 Psychological & Spiritual: 21.74 (5.49), 5.64-30 Family: 22.94 (5.58), 8-30 (May & Warren 2002; n=98, 76 males, 22 females; 56.1% cervical injury; mean age: 45.2 years; mean time since injury=15.5 years)

/alidity – High	Reliability – Not established in SCI
High correlation with Reintegration to Normal Living (RNL) Index	Number of studies reporting reliability data: 0
Correlation = -0.652	
High correlation with Rosenberg Self-Esteem Scale (RSES)	
Correlation = 0.609	
(May & Warren 2002; n=98, 76 males, 22 females; 56.1% cervical injury; mean age: 45.2 years; mean time since injury=15.5 years)	
High correlation with depression	
Correlation = -0.628	
(Kovacs et al. 2016; n=77; 48 males, 29 females; mean (SD) age: 45.1 (15.6) years; level of injury: Cervical (n = 16), thoracic (n = 25), lumbar (n = 2), not applicable (n = 34)	
Number of studies reporting validity data: 3	
Respo	nsiveness
Floor/Ceiling Effect: Effect Size: Not established	Number of studies reporting n SCI responsiveness data: 0

- <3% reached the maximum possible score for the SV-QLI/SCI score
- 'Family' subscale, for which 12.2% of the subjects had the maximum possible score
- <5% maximum possible for individuals with SCI
- 'Family' subscale, for which
 13.9% of the subjects had the
 maximum possible score.

(Kovacs et al. 2016; n=77; 48 males, 29 females; mean (SD) age: 45.1 (15.6) years; level of injury: Cervical (n = 16), thoracic (n = 25), lumbar (n = 2), not applicable (n = 34)