



## QoL.BD – Frequently Asked Questions

### *Do I need to get permission to use the QoL.BD for research or clinical purposes?*

At this point in time, we are happy for the scale to be used without license fees for research and clinical purposes. However, please contact us with details about the studies you are using it in and copies of any resulting publications.

### *How many versions are there of the QoL.BD?*

Two. The QoL.BD is available in a full 56-item version and a brief 12-item version.

### *How long does the QoL.BD take to administer?*

People with bipolar disorder take an average of 4 minutes to complete the full version and 1 minute to complete the brief version.

### *What is the reading age of the QoL.BD?*

Both the full and brief versions of the scale require a North American eighth-grade (approximately 14 years of age) reading level.

### *What other languages is the QoL.BD available in?*

The brief 12-item version of the QoL.BD is available in Canadian French (Bref questionnaire sur la qualité de vie chez les personnes atteintes de troubles bipolaires (Bref QoL.BD)).

The scale was translated by Prophase to support the application of the brief QoL.BD in psychological research and clinical trials. Prophase experts conducted the translation by using the following methods: 1) dual forward translation and forward translation reconciliation; 2) back translation leading to a forward translation update; 3) cognitive debriefing, and; 4) review by practising clinicians. PRO translation certificates are available on request.

Using the same process described above, the brief QoL.BD has been translated into and is available in the following languages: French (France), Chinese (Malaysia), Chinese (Taiwan), Hungarian, Japanese, Korean, Malay, Polish, Romanian, Spanish (US), and Tamil (Malaysia).

The full 56-item version of the QoL.BD is available in Korean (양극성 장애 삶의 질 설문지 / Korean-language Quality of Life in Bipolar Disorder Scale). The scale was translated by two Korean psychiatrists from the Department of Psychiatry at Wonkwang University in South Korea. This version was translated back into English by a bilingual colleague to ensure the translation corresponded with the English-

language version. The Korean version was then modified by a professor of Korean Language Studies to ensure cultural and language norms were considered.

The brief 12-item version of the QoL.BD is available in Turkish (Bipolar bzk yaşam kalitesi–geçerlik güvenilirlik). Following a similar process as described for the Korean translation, the QoL.BD was translated into Turkish by researchers at Istanbul University’s Florence Nightingale School of Nursing.

These translated versions are currently being used as measurement outcomes in research around the world. Please contact Dr. Erin Michalak if you are interested in translating/validating the scale for another population (erin.michalak [at] ubc.ca).

### *What domains of quality of life does the QoL.BD assess?*

The scale assesses 12 basic domains of QoL:

<i>Physical</i>	<i>Leisure</i>	<i>Household</i>
<i>Sleep</i>	<i>Social</i>	<i>Self-esteem</i>
<i>Mood</i>	<i>Spirituality</i>	<i>Independence</i>
<i>Cognition</i>	<i>Finance</i>	<i>Identity</i>

Each domain contains 4 items. The domains appear in the order listed above but are not distinguished on the questionnaire itself. Additionally, the scale assesses two *optional* scales (*Work and Education*).

### *How do I score the full version of the QoL.BD?*

Scoring is straightforward because the scale contains no reverse-scored items and all 14 scales contain 4 items. The total score is simply the sum of 4 responses per scale (range 48-240). In research settings where group means are being investigated, there are 2 ways to calculate QoL.BD scores:

A total score (sum of responses across the 48 items of the 12 basic scales)

Individual scores for the 12 basic scales (sum of 4 responses per scale) – obviously, it is not meaningful to create group mean scores for either of the two optional domains unless all participants completed that scale.

### *How do I report QoL.BD scores?*

In most research situations, it would be appropriate to present both the total score and the individual domain scores, keeping in mind that the latter is nested in the former and therefore not independent. We do not encourage conversion of QoL.BD scores into Percentage of Maximum Possible (POMP) scores.

### *How do I score the brief version of the QoL.BD?*

Simply calculate the total score for all items on the brief version (range 12-60).

### *How do I use the QoL.BD in clinical settings?*

In clinical settings, we recommend using the full version of the scale and calculating all domain scores (12, 13 or 14 scores, depending on the individual's work and study status). In many clinical situations, it may turn out that one or two of the domains are of particular interest to the client and may provide the targets for clinical attention.

### *Is there normative data for the QoL.BD?*

The QoL.BD has been designed so that, when used for clinical purposes, the person's raw scores for each domain are the key information generated by the questionnaire. We understand QoL as fundamentally subjective, and self-reports of QoL across the 14 domains of the QoL.BD can be simply interpreted in terms of the response format. For example, a person averaging 4 across a given domain is telling us that they broadly agree that they are satisfied with their QoL in that domain. A person averaging 1 across a given domain is reporting that they strongly disagree that they are satisfied with QoL in that domain.

When used for research purposes in a cross-sectional description of QoL in a particular sample of people with BD, it would be meaningful to compare the sample's QoL.BD scores with the distributions of scores we found in our original scale development sample. The mean scores per domain in that sample can be found in the original published article. Of course any comparison should take into account the particular characteristics of that original sample, as described in the article.

When used as a repeated measures tool to measure change across time, either in clinical practice or in research (e.g., as an outcome measure in Randomized Control Trials), raw scores are again the most meaningful data to inspect.

### *How do I assess change or response to treatment with the QoL.BD?*

In clinical settings, we suggest that response to treatment should be evaluated by examining change in the individual's scores from their baseline assessment, or to use the scale to explore wellbeing at a domain level with an eye to treatment goal setting.

We hope in the future to be able to provide Minimal Clinically Important Difference (MCID) or responder threshold scores for the scale, but we are not able to do so at this point.