

Wisconsin Quality of Life Provider Questionnaire

CODING & SCORING BOOK

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University of Wisconsin - Madison

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Coding

Symbols Used for Numbering Questions

ID	Identification
B	Background
O	Occupational Activities
P	Psychological Well Being
S	Symptoms / Outlook
H	Physical Health
R	Social Relations / Support
M	Money / Economics
A	Activities of Daily Living
Q	Goal Attainment / Quality
X	Others
DW	Domain Weights

Client Name: ID1 _____ ID #: ID2

Date of Completion: ID3 Location: ID4

Name of person filling out this form: ID5

B. BACKGROUND INFORMATION

B1 What is your client’s date of birth?MM/DD/YY

B2 What is your client’s sex? 1 Male 2 Female

O. OCCUPATIONAL ACTIVITIES

O1 During the **past four weeks**, this person has:

- 3 been working/studying or doing housework in their usual manner
- 0 been working/studying or doing housework but less often than they did before
- 3 stopped working/studying or doing housework

O2 What sort of work is this person generally capable of (even if unemployed, retired, or doing unpaid domestic duties)?

- 3 Capable of independent full-time work
- 1 Capable of independent part-time work
- 1 Capable of work only if given special support
- 3 Totally incapable of work

P. PSYCHOLOGICAL HEALTH

P1 In the **past four weeks**, would you say that this person’s overall psychological health has been:

- 3 Poor
- 1.5 Fair
- 0 Good
- 1.5 Very Good
- 3 Excellent

H. PHYSICAL HEALTH

H1 During the **past four weeks**, this person has:

- 3 been feeling well or great most of the time
- 0 been lacking energy or not feeling well more than just occasionally
- 3 been feeling ill or poorly most of the time

H2 Does this person have any significant medical illness or physical impairments other than mental illness?

- 3 No
- 3 Yes - specify _____

H3 How much of a physical problem do you think this person has from antipsychotic medication side effects?

- 3 Severe
- 1.5 Moderate
- 0 Mild
- 1.5 Slight
- 3 None

R. SOCIAL RELATIONS / SUPPORT

R1 During the **past four weeks**, this person has:

- 3 been having good relationships with others and receiving support from family and friends
- 0 been receiving only moderate support from family and friends
- 3 had infrequent support from family and friends or only when absolutely necessary

R2 Does this person attend any social organization (e.g., church, club or interest group but excluding psychiatric therapy groups)?

- 3 Frequently
- 1 Occasionally
- 1 Rarely
- 3 Never

R3 Does this person generally make and keep up friendships?

- 3 Friendships made and kept up well
- 1 Friendships made and kept up with some difficulty
- 1 Friendships made and kept up with considerable difficulty
- 3 Few friendships made and none kept up

R4 How would you describe the quality of this person’s relationship with his/her family?

- 3 Poor
- 1.5 Fair
- 0 Good
- 1.5 Very good
- 3 Excellent
- 9 None/has no relationship

M. ECONOMICS

O3 Is this person paid for working/attending school? 3 Yes -3 No

M1 How does this person feel about the amount of money s/he has?

-3 Very dissatisfied -2 Moderately dissatisfied -1 A little dissatisfied 0 Neither satisfied or dissatisfied 1 A little satisfied 2 Moderately satisfied 3 Very satisfied

MW1 How important to this person is money?

1 Not at all important 2 Slightly important 3 Moderately important 4 Very important 5 Extremely important

M2 How often does lack of money keep this person from doing what s/he wants to do?

3 Never 1 Sometimes -1 Frequently -3 Almost always

A. ACTIVITIES OF DAILY LIVING

A1 During the **past four weeks** this person has:

- 3 been able to do most things on their own (such as shopping, getting around town, etc.)
- 0 been needing some help in getting things done
- 3 been having trouble getting tasks done, even with help

	3	1	-1	-3
A2 Does this person generally have any difficulty with initiating and/or responding to conversation?	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty
A3 Is this person generally well groomed (e.g., neatly dressed, hair combed)?	Well groomed	Moderately well groomed	Poorly groomed	Extremely poorly groomed
A4 Does this person generally neglect his/her physical health?	No neglect	Slight neglect	Moderate neglect	Extreme neglect
A5 Does this person generally maintain an adequate diet?	No problem	Slight problem	Moderate problem	Extreme problem
A6 Does this person generally look after and take his/her own prescribed medication (or attend to prescribed injections on time) without reminding? 9 <input type="checkbox"/> No Meds	Reliable with medication	Slightly unreliable	Moderately unreliable	Extremely unreliable
A7 Is this person generally inactive (e.g., spends most of the time sitting or standing around doing nothing)?	Appropriately active	Slightly inactive	Moderately inactive	Extremely inactive
A8 Does this person generally have definite interests (e.g., hobbies, sports, activities) in which s/he is involved regularly?	Considerable involvement	Moderate involvement	Some involvement	Not involved at all

	3	1	-1	-3
A9 Can this person generally prepare (if needed) his/her own food or meals?	Quite capable of preparing	Slight limitations	Moderate limitations	Totally incapable of preparing
A10 Can this person generally budget (if needed) to live within his/her own means?	Quite capable of budgeting	Slight limitation	Moderate limitation	Totally incapable of budgeting
A11 Does this person have habits or behaviors that most people find offensive?	Not at all	Rarely	Occasionally	Often

S. SYMPTOMS/OUTLOOK

S1 During the **past four weeks**, this person has:

- 3 generally felt calm and positive in outlook
- 0 been having some periods of anxiety or depression
- 3 generally been confused, frightened, anxious or depressed

S2 Does this person behave dangerously because of confusion or preoccupation (e.g., ignoring traffic when crossing the road)?

- 3 Not at all 1 Rarely -1 Occasionally 3 Often

Please complete the following 24-item version of the Brief Psychiatric Rating Scale. The scale should be completed to reflect the person's current condition. Using the scale value below, enter the number in the box that best describes the person's present condition.

No Problem 1	Very Mild 2	Mild 3	Moderate 4	Moderately Severe 5	Severe 6	Extremely Severe 7
<i>Recorded</i> 0	<i>Recorded</i> -.5	<i>Recorded</i> -1	<i>Recorded</i> -1.5	<i>Recorded</i> -2	<i>Recorded</i> -2.5	<i>Recorded</i> -3

S3	Somatic Concern - preoccupation with physical health, fear of physical illness	S15	Disorientation - confusion regarding person, place or time
S4	Anxiety – worry, fear, over concern for present or future	S16	Conceptual Disorganization - thought process confused, disconnected, disorganized, disrupted
S5	Depressive mood - sorrow, sadness, despondency, pessimism	S17	Excitement - heightened emotional tone, increased reactivity, impulsivity
S6	Guilt feelings - self-blame, shame, remorse for past behavior	S18	Motor Retardation - slowed, weakened movements or speech, reduced body tone
S7	Hostility – animosity, contempt, belligerence, disdain for others	S19	Blunted Affect - reduced emotional tone, reduction in normal intensity of feelings, flatness
S8	Suspiciousness - mistrust, belief others harbor malicious or discriminatory intent	S20	Tension - physical and motor manifestations or nervousness, hyperactivity
S9	Unusual Thought Content - unusual, odd, strange, bizarre thought content	S21	Mannerisms and Posturing - peculiar, bizarre, unnatural motor behavior
S10	Grandiosity – exaggerated self-opinion, arrogance, conviction of unusual power of abilities	S22	Uncooperativeness - resistance, guardedness, rejection of authority
S11	Hallucinatory Behavior - perceptions without normal external stimulus correspondence	S23	Bizarre Behavior - reports of odd, unusual, or psychotically criminal behavior
S12	Emotional Withdrawal-lack of spontaneous inter-action, isolation, deficiency in relating to others	S24	Elated Mood - euphoria, optimism that is out of proportion to circumstances
S13	Suicidality – expressed desire, intent, or actual actions to harm or kill self	S25	Motor Hyperactivity - frequent movements and/or rapid speech
S14	Self-Neglect – hygiene, appearance, or eating below social standards	S26	Distractibility - speech and actions interrupted by minor external stimuli or hallucinations/delusions

Q. GOAL ATTAINMENT

What are your goals for the mental health treatment of this person? Please list up to 3 goals:

Q1 Goal _____ Taxonomy _____

How important is this goal? (*No response = 999*)

Not at all **Extremely**
important 1 2 3 4 5 6 7 8 9 10 **Important** **999**

To what extent has this goal been achieved?

Not at all **Completely**
achieved 1 2 3 4 5 6 7 8 9 10 **achieved** **999**

Q2 Goal _____ Taxonomy _____

How important is this goal?

Not at all **Extremely**
important 1 2 3 4 5 6 7 8 9 10 **Important** **999**

To what extent has this goal been achieved?

Not at all **Completely**
achieved 1 2 3 4 5 6 7 8 9 10 **achieved** **999**

Q3 Goal _____ Taxonomy _____

How important is this goal?

Not at all **Extremely**
important 1 2 3 4 5 6 7 8 9 10 **Important** **999**

To what extent has this goal been achieved?

Not at all **Completely**
achieved 1 2 3 4 5 6 7 8 9 10 **achieved** **999**

AQ. GOAL ATTAINMENT

Please write below your *agreed upon goals*: Please list up to 3 goals:

AQ1 Goal _____ Taxonomy_____

How important is this goal? (*No response = 999*)

Not at all **Extremely**
important 1 2 3 4 5 6 7 8 9 10 **Important** **999**

To what extent has this goal been achieved?

Not at all **Completely**
achieved 1 2 3 4 5 6 7 8 9 10 **achieved** **999**

AQ2 Goal _____ Taxonomy_____

How important is this goal?

Not at all **Extremely**
important 1 2 3 4 5 6 7 8 9 10 **Important** **999**

To what extent has this goal been achieved?

Not at all **Completely**
achieved 1 2 3 4 5 6 7 8 9 10 **achieved** **999**

AQ3 Goal _____ Taxonomy_____

How important is this goal?

Not at all **Extremely**
important 1 2 3 4 5 6 7 8 9 10 **Important** **999**

To what extent has this goal been achieved?

Not at all **Completely**
achieved 1 2 3 4 5 6 7 8 9 10 **achieved** **999**

X. OTHER

Q4 Please check a box below to indicate your rating of this person's quality of life during the **past four weeks**. Lowest quality means things are as bad as they could be. Highest quality means things are the best they could be.

LOWEST **HIGHEST**
QUALITY 1 2 3 4 5 6 7 8 9 10 **QUALITY**

Q5 How confident are you that your rating of the person's quality of life is accurate?

1 Not at all confident 2 Quite confident 3 Very confident 4 Absolutely confident

X1 What is this person's primary psychiatric diagnosis? _____

X2 How effective do you think the antipsychotic medication is in treating this person's mental illness?

1 Not at all effective 2 Slightly effective 3 Mildly effective 4 Moderately effective 5 Extremely effective 9 No meds

X3 In the **past four weeks**, did this person take his/her antipsychotic medications as prescribed?

9 No meds (skip next question) 1 None of the time 2 Very infrequently 3 Sometimes 4 Quite often 5 Always (skip next question)

X4 In the **past four weeks**, how much assistance did this person receive to take his/her prescribed medication?

1 Received considerable assistance 2 Received minor assistance/supervision 3 Received no assistance 7 Don't know

X5 Does this person use alcohol or other drugs?

4 Not at all (skip next question) 3 Rarely 2 Occasionally 1 Often

X6 To what extent does this person's alcohol or other drug patterns concern you?

4 Not at all 3 Slightly 2 Moderately 1 A lot

X7 Does this person get into trouble with the police?

4 Not at all 3 Rarely 2 Occasionally 1 Often 7 Don't know

Which of the following factors do you think are most important in maintaining your client's quality of life?	Not important	Slightly important	Moderately important	Very important	Extremely important
DW1 Work, school or other occupational activities	1	2	3	4	5
DW2 Feeling about him/herself	1	2	3	4	5
DW3 His/her physical health	1	2	3	4	5
DW4 Friends, family, people s/he spends time with	1	2	3	4	5
DW5 Having enough money	1	2	3	4	5
DW6 Ability to take care of him/herself	1	2	3	4	5
DW7 Mental health	1	2	3	4	5
DW8 Other, please specify:	1	2	3	4	5

X8 Is there anything else we should know about this client?

W-QLI PROVIDER SCORING MANUAL

Note on missing data:

Nonresponse to an item should be coded as 999 and those items should not be included in the calculation of scores. Multiple response to the same question should be coded as 998 and likewise should be excluded from score calculations.

The following are the minimal number of valid responses need for scoring, by domain:

- O Occupational Activities:** 2/2
- P Psychological Well Being:** 1/1
- S Symptoms / Outlook:** 18/26 (data required for S1 and S2)
- H Physical Health:** 2/3
- R Social Relations / Support:** 3/4
- M Money / Economics:** 2/2
- A Activities of Daily Living:** 8/11

Item Scoring

There are two types of questions in the questionnaire:

1. “assessment questions” which allow the respondent to indicate the level of “satisfaction” with a particular item of quality of life
2. “weighting questions” which allow the respondent to indicate the relative importance of a particular item or dimension of quality of life.

Provider Domain Scoring

General Strategy

score = average of (assessment) item scores = (sum of item scores) / (number of items)

Occupational Activities

O = average(O1, O2)

Psychological Well Being

P = P1

Symptoms / Outlook

BPRS=average(recoded S3 through recoded S26)

S = average (S1, S2, BPRS)

Physical Health

H = average(H1, H2, H3)

Social Relations / Support

If R4 is not equal to 9:

$$R = \text{average}(R1, R2, R3, R4)$$

If R4 = 9:

$$R = \text{average}(R1, R2, R3).$$

Money / Economics

$$M = \text{average}(M1, M2)$$

Activities of Daily Living

If A6 not equal 999:

$$A = \text{average}(A1 \text{ to } A11)$$

If A6 = 999:

$$A = \text{average} (A1 \text{ to } A5, A7 \text{ to } A11)$$

QOL Scoring

Minimum data requirement for the QOL score is 7/7. Items DW1 through DW7 are domain weights for occupational activities (O), psychological well-being (P), physical health (H), social relations (R), money (M), activities of daily living (A), and symptoms (S). For WQOL to be valid, QOL must be valid and there must be valid weights for each domain.

Unweighted W-QLI Score

$$QOL = \text{average}(O,P,S,H,R,M,A)$$

Weighted W-QLI Score

$$WQOL = \frac{(DW1*O)+(DW2*P)+(DW3*H)+(DW4*R)+(DW5*M)+(DW6*A)+(DW7*S)}{DW1+DW2+DW3+DW4+DW5+DW6+DW7}$$