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**Quality of Life in Epilepsy Inventory for Adolescents (QOLIE-48)**

<b>Availability:</b>	Please visit this website for more information about the instrument: <a href="#">Click here for the Quality of Life in Epilepsy Inventory for Adolescents instrument.</a>
<b>Classification:</b>	Supplemental.
<b>Short Description of Instrument:</b>	<p><b>Description:</b> Developed and copyrighted in 1999 by the Quality of Life in Epilepsy Inventory for Adolescents (QOLIE-48) Development Group.</p> <p>This is a health related quality of life survey for adolescents, ages 11 to 17 years, with epilepsy. It contains 48 items in 8 subscales: epilepsy impact (12 items); memory/concentration (10 items); attitudes toward epilepsy (4 items); physical functioning (5 items); stigma (6 items); social support (4 items); school behavior (4 items); health perceptions (3 items). There is a total summary score (0 – 100 points) with higher scores indicating better HRQOL. Questions pertain to the 4 weeks prior to taking the survey. It takes 20 minutes to complete.</p> <p><b>Particular Features:</b> Combination of generic and epilepsy items specific to adolescents. The scale is only available for adolescent self-report.</p> <p><b>Psychometric Properties:</b> Internal construct validity was demonstrated in a single-factor solution for the eight dimensions. All correlations were statistically significant at <math>p &lt; 0.05</math> level. Internal consistency reliability estimated by Cronbach's <math>\alpha</math> coefficient was 0.74 for the summary score and ranged from a low of 0.52 (three-item Health Perceptions Scale) to 0.73-0.94 for the other individual scales. Good test-retest reliability was found for the overall measure (0.83). Summary score correlations with the two external validity scales, self-efficacy and self-esteem were 0.65 and 0.54, respectively.</p> <p>Sensitivity to Change: Not tested.</p> <p>Relationships to other variables: Statistically significant differences in summary scores indicated that HRQOL was increasingly better for adolescents as seizure severity decreases (no seizures = <math>77 \pm 13</math>, low = <math>70 \pm 17</math>, high = <math>63 \pm 17</math>) were found among seizure-severity groups.</p> <p><b>Strengths and Weaknesses:</b> Strengths: The scale has been widely used and has been translated into a number of other languages including Chinese, Portuguese, Serbian, Spanish.</p> <p>Weaknesses: There is no parent version.</p> <p><b>Source for Materials and Permissions:</b> QOLIE Development Group Joyce A. Cramer.</p> <p>For questions about use, please contact the developer at <a href="mailto:joyce.cramer@gmail.com">joyce.cramer@gmail.com</a>.</p>

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<b>References:</b>	<p><b>Primary Reference:</b> Cramer JA, Westbrook LE, Devinsky O, Perrine K, Glassman MB, Camfield C. Development of the quality of life in epilepsy inventory for adolescents: the QOLIE-AD-48. <i>Epilepsia</i>. 1999; 40: 1114-21.</p> <p>Cowan J, Baker GA. A Review of Subjective Impact Measures for Use with Children and Adolescents with Epilepsy. <i>Quality of Life Research</i>. 2004; 13(8): 1435-43.</p> <p>Devinsky O, Vickrey BG, Perrine K, Hermann B, Meador K, Hays RD. Development of an instrument of health-related quality of life for people with epilepsy. <i>Epilepsia</i>, 1995; 36: 1089-104.</p>
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