

Quality of Life After Brain Injury (QOLIBRI)

Availability	Please visit this website for more information about the instrument: PLEASE CLICK HERE FOR MORE INFORMATION
Classification:	Supplemental
Short Description of Instrument:	<p>The Quality of Life After Brain Injury (QOLIBRI) is a TBI disease-specific instrument to measure Health Related Quality of Life (HRQoL) after TBI. Its multidimensional structure contains 37 items on 4 Satisfaction scales "Cognition", "Self", "Daily Life & Autonomy", " Relationships", 2 Bothered scales "Emotions" and "Physical Problems" and a total score. For screening purposes there is an additional overall scale available with 6 items.</p> <p>Translations available in Chinese, Spanish, English, Finnish, French, Italian, German, Dutch, Polish, etc.).</p>
Scoring:	<p>The scoring algorithm provides percent scores for the six subscales (with 100% indicating best QoL), and one total score. Higher scores on all scales indicate higher HRQOL after TBI.</p> <p>Self report, face-to-face interview, 5-10 minutes, available : comprehensive version with 37 items, a screening (6 items), and short version (11 items) and CAT (Computer Adaptive Test) in preparation.</p>
Psychometric Properties:	<p>Until now the only disease specific HRQOL-instrument for persons after TBI. Comprehensive outcome tool for clinic outcome studies and individual use. In two international psychometric studies with 921 and 1528 mild-to-severe TBI patients FA, CFA and SEM support a six-scale QOL profile and a total QOL score. Scale internal consistencies and test-retest reliability between 0.75 and 0.89, for total score > .90. Similar reliabilities in groups of participants with lower and higher cognitive performance. Correlations of QOLIBRI-TBI scores and SF-36: higher with SF-36 mental (.60) than SF-36 physical (.40) component, which was expected because of content of QOLIBRI-TBI. Correlation between QOLIBRI-TBI and SWLS (.58), functional outcome (GOSE, 0.40) and (negative) correlations with HADS anxiety (>.55) and depression (>0.65). No or marginal correlation with GCS, age and time since injury (<.10).</p>
References:	Von Steinbüchel et al. (2005), von Steinbüchel et al., (2009, submitted)