

WEB ONLY Appendix 2.

OPQOL items and summary of development; other QoL measures used

OPQOL:

Please indicates the extent to which you agree or disagree with each of the following statements (*5-point Likert response scale: Strongly agree to Strongly disagree*)

Life overall

1. I enjoy my life overall
2. I am happy much of the time
3. I look forward to things
4. Life gets me down

Health

5. I have a lot of physical energy
6. Pain affects my well-being
7. My health restricts me looking after myself or my home
8. I am healthy enough to get out and about

Social relationships/leisure and social activities

9. My family, friends or neighbours would help me if needed
10. I would like more companionship or contact with other people
11. I have someone who gives me love and affection
12. I'd like more people to enjoy life with
- 12a. I have my children around which is important *
29. I have social or leisure activities/hobbies that I enjoy doing
30. I try to stay involved with things
31. I do paid or unpaid work or activities that give me a role in life

Independence, control over life, freedom

13. I am healthy enough to have my independence
14. I can please myself what I do
15. The cost of things compared to my pension/income restricts my life
16. I have a lot of control over the important things in my life
32. I have responsibilities to others that restrict my social or leisure activities

Home and neighbourhood

17. I feel safe where I live
18. The local shops, services and facilities are good overall
19. I get pleasure from my home
20. I find my neighbourhood friendly

Psychological and emotional well-being

21. I take life as it comes and make the best of things
22. I feel lucky compared to most people
23. I tend to look on the bright side
24. If my health limits social/leisure activities, then I will compensate and find something else I can do

Financial circumstances

25. I have enough money to pay for household bills

26. I have enough money to pay for household repairs or help needed in the house
27. I can afford to buy what I want to
28. I cannot afford to do things I would enjoy

Religion/culture

33. Religion, belief or philosophy is important to my quality of life *
34 (35). Cultural/religious events/festivals are important to my quality of life *

*[Note: the 32 item version was used in QoL follow-up survey; a 35 item version was used in ONS Omnibus and Ethnibus surveys; three additional items were included after holding focus groups with ethnically diverse older people - marked with *]*

Development of the OPQOL

The OPQOL is a 32- to 35- item QoL measure. It was conceptually grounded in lay views from the baseline QoL ONS Omnibus Surveys. It has 5-point Likert scales from Strongly Agree to Strongly Disagree, with 32 or 35 items, representing: life overall (4 items), health (4 items), social relationships and participation (7 items in QoL follow-up survey, 8 items in Omnibus surveys), independence, control over life, freedom (5 items), area: home and neighbourhood (4 items), psychological and emotional well-being (4 items), financial circumstances (4 items), religion/culture (2 items; asked in Omnibus surveys only). Items are scored (with reverse coding of positive responses, so that higher scores equal higher QoL; the scale ranges are 35 (QoL so bad could not be worse) to 175 (QoL so good could not be better) (Omnibus surveys) and, correspondingly 32 to 160 in the QoL follow-up survey.

In the development of the OPQOL, older people's responses to open-ended questioning about the 'good things' that gave life quality were examined. These were categorised into main themes by two researchers, independently. These were, in order of magnitude: social relationships (mentioned by 81%), social roles and activities (60%), solo activities (48%), health (44%), psychological outlook and well-being (38%), home and neighbourhood (37%), financial circumstances (33%), and independence (27%). Smaller numbers mentioned various other things. These responses were consistent with older people's views about what took quality away from life. The sub-scale domains in the OPQOL reflected this common core of main constituents of quality of life. The common sub-themes are listed in (Bowling 2007).

The pool of *actual verbatim responses* was examined next by two researchers, again independently, to inform the inclusion of the items within each sub-scale. The main *reasons* given by people, at survey and in-depth interview, to explain the importance of these themes to their QoL were categorized, by two independent coders, as: freedom to do the things they wanted to do without restriction (whether in the home or socially); pleasure, enjoyment and satisfaction with life; mental harmony; social attachment - having access to companionship, intimacy, love, social contact and involvement, help; social roles; and feeling secure. These cut across the main themes (Bowling & Gabriel, 2007). The responses which were selected for inclusion in OPQOL represented the most commonly occurring sub-themes within each theme.

The verbatim responses formed an initial pool of over 100 different statements, or attitudes. After reading and comparing the items, overlapping statements were deleted to leave 51 items. The revised items were first mailed to QoL Survey sample members in 2006; 60% (179) of the respondents invited to participate returned the completed questionnaires). They were asked to complete the items, report any difficulties they had with it, and to make any other comments about it. Psychometric tests for item redundancy, reliability and validity, also led to the removal of redundant items (over-high correlations), items with high missing data, items where the Cronbach's alpha of the scale improved with their removal, items which did not correlate with the overall scale score or a self-rated global QoL item. Exploratory factor analysis was used to explore the dimensions underlying the questionnaire.

Amendments to wording were made following the feedback from survey respondents and an opportunistic focus group of eight consenting people aged 65+ whose role locally was to provide feedback on research and services (seven of whom were white). This resulted in a reduced 32-item, multi-dimensional QoL questionnaire, with the methodological advantage that it separates constituents of QoL from QoL end states. The questionnaire was further assessed for interpretation, face and content validity with four focus groups of older people, three of which reflected ethnic diversity, and were organised by Ethnibus's focus group arm before the Ethnibus and ONS Omnibus waves commenced (<http://www.ethnifocus.com>).

Other QoL measurement scales used: CASP-19, WHOQOL-OLD

The CASP-19 (Control, Autonomy, Self-realisation and Pleasure), was developed from the theory of human needs satisfaction, and tested with focus groups and a survey of people aged 65-75 [11]. It concentrates on four theoretically derived (19 items): Control (4 items), Autonomy (5 items), Pleasure (5 items), Self-realisation (5 items), with four-point Likert response scales 'Often' to 'Never'. Items are scored (with reverse coding of positive responses, so that higher scores equal higher QoL; the authors define the scale ranges as 0 (complete absence of QoL) to 57 (total satisfaction in all four domains).

The WHOQOL-OLD was developed from the parent instrument: the World Health Organization's WHOQOL Group's WHOQOL-100, and cross-cultural studies; it was tested on convenience samples of older people across cultures. [12, 13]. It is a multi-faceted measure of QoL and comprises seven sub-scales (24 items): sensory abilities, autonomy, past present and future activities, social participation, death and dying, and intimacy (4 items per sub-scale). Items are scored (with reverse coding of positive responses, so that higher scores equal higher QoL; the authors define the scale ranges as 24 (lowest possible QoL) to 120 (highest possible QoL). Response scales are all 5-point but vary in their wording ('Not at all' to 'An extreme amount'/'Completely'/'Extremely'; 'Very poor' to 'Very good'; 'Very dissatisfied' to 'Very satisfied'; 'Very unhappy to Very happy'). Testing is ongoing for the version for use with older people – the WHOQOL-OLD <http://www.euro.who.int/ageing/quality>).