

**Quality of Life for Homeless and Hard-to-House Individuals (QoLHHI)
Inventory**

Administration and Scoring Manual

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INTRODUCTION

The Quality of Life for Homeless and Hard-to-House Individuals (QoLHHI) inventory is a self-report measure of quality of life (QoL) for homeless or vulnerably housed (HVH) individuals. It is grounded in the World Health Organization's definition of quality of life, which states that quality of life reflects "an individual's perceptions of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns" (Williams, 2000, p. 13). Recognizing that the life circumstances and experiences of HVH individuals may be quite unique, the development of the QoLHHI was guided by information provided by HVH individuals themselves about what is relevant to their QoL.

The QoLHHI consists of two main components: (1) Impact Survey, and (2) MDT Scale. The Impact Survey gathers descriptive information about a respondent's circumstances and evaluates the negative and positive impacts that various aspects of a life area (e.g., health, living conditions) have on him or her. The MDT Scale asks respondents to rate their level of satisfaction with a life area, describe the state of the life area, and compare what they have to what they want, what others have, the best they have had in the past, what they expected to have by now, what they expect to have in the future, what would be ideal, what they deserve, and what they need. There is an Impact Survey and a MDT Scale for each life area. The different life areas consist of health, health care system, place where you live or stay, living conditions, financial situation, employment situation, social and support services, recreational and leisure activities, spiritual life, romantic situation, family, and friends.¹

Given the wide range of individuals who are HVH and the variety of research, evaluation, and policy purposes for which this inventory can be used, the QoLHHI was designed to consist of modules that can be administered flexibly. That is, either or both of the Impact Survey and MDT Scale can be administered for some or all of the available life areas. In some cases, only some items may be administered.

¹ As of November 2009, Impact Surveys are complete for health, place where you live or stay, living conditions, financial situation, and Social and Emotional Support. Impact Surveys for the remaining life areas are currently in development. MDT Scales have been completed for all life areas.

DEVELOPMENT OF THE QoLHHI

The content of the QoLHHI is based on information provided by 140 HVH individuals between 15 and 73 years of age (mean age = 31.5 years, SD = 14.8 years) who took part in focus groups consisting of 3-8 individuals each (Russell et al., 2005). A little over two-thirds (69%) of the participants were men. Of those who reported their employment status, most (73.6%) were unemployed (65% of the sample provided employment information). Additional demographic information about the sample is provided in Table 1. Participants in the focus groups were recruited from shelters, hospices, supported housing, and other services for HVH individuals in four different Canadian cities (Montreal, Ottawa, Toronto, and Vancouver).

Table 1

Descriptive Information for QoLHHI Focus Group Sample

Variable	% ^a
Ethnic background ^b	
'Canadian'	52.2
European	26.1
Aboriginal	13.0
Other	8.7
Age ^c	
Under 25 years	54.0
25-64 years	45.5
65+ years	1.5
Education ^d	
Elementary only	24.4
Some high school	61.1
Some post-secondary	14.4
Current living situation ^e	
Housing designated for homeless	42.0
Homeless Shelter	37.5
Street (no shelter)	7.9
Market housing	4.5
With friends	2.3
Rooming house	1.1
Other	4.5

^aBased only on respondents who provided information on each variable. There were missing data for all demographic questions. ^bn = 92. ^cn = 137. ^dn = 90. ^en = 88

At the beginning of each focus group, participants were asked to record all the things that they saw as important to or affecting their QoL. These lists were then discussed and expanded upon in the groups. All focus groups were audio-recorded, transcribed, and analyzed using an inductive approach to uncovering themes in the data, with an emphasis on things that have positive and negative impacts on participants' lives.

We also conducted one-on-one interviews with 14 individuals working for agencies that provide services to HVH individuals regarding the QoL of their client population. These interviews were also recorded, transcribed, and analyzed. The themes that emerged from the focus groups and interviews were used as the basis for the QoLHHI items.

Not surprisingly, a number of basic needs were identified as being important to the lives of HVH individuals. These included shelter and housing, food, clothing, personal hygiene, and finances. Health, both physical and mental, was also important, as were issues of substance use and abuse. In addition to these concrete influences on QoL, the focus group participants and service providers raised a number of themes that are less tangible. These included having choices and options in life, respect (both giving and receiving), personal growth, creativity, self-esteem, stability, and enjoyment (e.g., having work that you like, being able to eat food that you like).

TARGET POPULATION

The QoLHHI was designed to measure QoL specifically in individuals who are homeless or whose housing situation is unstable or insecure. This target population is quite diverse, and includes everyone from single individuals to families, from children to seniors, from physically and emotionally healthy individuals to those with severe mental health issues, physical disabilities, and addiction, and from those who are experiencing their first ever episode of homelessness to those who have been chronically homeless for many years or who come from multiple generations of homelessness or vulnerable housing.

USES OF THE QoLHHI

The QoLHHI can be used in a variety of ways and for a number of interrelated purposes as described below:

1. *As a monitoring tool.* The QoLHHI can be used by communities, professional agencies, and policy makers as a tool for monitoring the current situation of individuals who are HVH. In addition, the QoLHHI allows one to track stability or change over time with regard to the situation of individuals who are HVH.
2. *As a tool for group comparisons.* The QoLHHI can be used to compare the quality of life of HVH people across different sites or to compare different subgroups within a site.
3. *As a program evaluation tool.* The QoLHHI can be used to evaluate programs that are specifically targeted at improving the QoL (and related outcomes) of people who are HVH.

The QoLHHI is an appropriate instrument for use in numerous research and community settings. It allows one to explore the construct of QoL for individuals who are HVH in depth and to study the relationships between quality of life and other constructs of interest in this population. The QoLHHI may also serve as a policy tool as it can provide quantitative and qualitative information with regard to the situation of HVH individuals and groups to policy makers who need this kind of data to make informed decisions.

THE QoLHHI AS A MODULAR INSTRUMENT

The QoLHHI takes a domain-based approach to QoL. That is, QoL is assumed to be influenced by a person's experiences and circumstances across a range of different domains or life areas, such as health, housing situation, relationships, and financial situation. These different life areas are addressed through separate sections of the QoLHHI. In developing the QoLHHI, we recognized that not all life areas would necessarily be relevant to every application of the QoLHHI. Thus, it is not necessary to administer all sections of the QoLHHI to be able to measure QoL. For example, it may not be of interest to examine whether a program aimed at assisting individuals who are HVH to secure employment has an effect on those individuals' relationships with family members. Therefore, if using the QoLHHI to evaluate the impact of such a program on QoL, a researcher may choose not to administer the sections that address interpersonal relationships, but focus instead on those sections that seem more relevant to the intervention, such as financial situation or housing. The lives of individuals who are HVH can be very complex and the QoLHHI was

designed to be very flexible and able to be administered as modules so as to accommodate this complexity.

Impact Survey

As noted before, there are up to three types of items used in the Impact Survey: (a) items soliciting basic descriptive information about the life area for the respondent, (b) items assessing the impact that aspects of a life area have on the respondent, and (c) open-ended items that ask about the best and worst things about a life area for the respondent. As with the QoLHHI MDT Scale, administering the entire QoLHHI Impact Survey for all life areas would be quite long and may be tedious for respondents. In choosing how to administer the QoLHHI Impact Survey, one may opt to use the Impact Survey for only some life areas or one may choose to forego some types of items depending on the purpose of using the QoLHHI.

MDT Scale

The MDT Scale can be used in a number of ways. Although the entire MDT Scale may be administered for all life areas, this would be quite time consuming and may be tedious for respondents to complete without intervening measures or activities. Alternatively, one may choose to administer the MDT Scale in one of three reduced forms.

1. One may opt to use the MDT Scale for only some life areas and not others. For example, if one is primarily interested in health and housing, then one may decide to use the MDT Scale for these life areas only.
2. One may choose to administer only some MDT Scale items with all life areas. For example, one may decide to compile a satisfaction rating scale by using QoLHHI MDT Scale item #1 for all of the life areas.
3. One may choose to simply use a reduced MDT Scale for some or all life areas. For example, one could decide to use only the ratings comparing what one has now to what one expected to have by now (item # 5) and what one expects to have in the future (item #10) for living conditions, employment, and financial situation.

MATERIALS

The QoLHHI is comprised of the following materials:

- QoLHHI Forms (Impact and MDT). There are two sections for each life area: an Impact Survey and an MDT Scale. The items in these sections measure QoL in different ways; depending on the purpose for which the QoLHHI is to be used, either one or both sections may be administered. Responses to the items are recorded directly on these forms (there are no separate score sheets).
- QoLHHI Impact Response Card. This card can be laminated, which makes it more durable and also allows it to be cleaned if it becomes dirty from repeated handling.
- QoLHHI MDT Response Booklet. This booklet requires some assembly. It can be laminated and/or spiral bound to increase durability.

ADMINISTRATION GUIDELINES (GENERAL)

The QoLHHI was designed to be administered in an interview-style manner, with the person administering the QoLHHI (“the interviewer”) reading the items out loud to the respondent and marking the responses on the QoLHHI forms. Thus, the QoLHHI is not appropriate for group administration.

Some respondents may express a wish to have a friend or family member sit in on the interview session. This should also be discouraged as much as possible, as the presence of another person could inhibit an individual’s responses.

Interview Conditions

Privacy: Some sections of the QoLHHI ask about personal subjects, such as health, relationships, and finances. Therefore, interviews should be conducted in a setting that ensures sufficient privacy so that respondents can feel comfortable providing such information.

Seating: Ideally, the respondent and the interviewer will both be seated at a table so that the MDT Response Booklet and Impact Response Card can be placed in

front of the respondent. While sitting at a table is not essential, doing so makes it much easier to complete the forms and use the Impact Response Card and MDT Response Booklet. If you simply do not have access to a table, the respondent may be able to hold the Impact Response Card and MDT Response Booklet in his or her hands or lap.

Note

The MDT Response Booklet and Impact Response Card were designed primarily to assist with the administration of the QoLHHI for respondents who have low literacy skills although, in our experience, some respondents like using them because it makes the process of responding to the QoLHHI a little more active. However, it is not necessary to use these tools and, in fact, some respondents may prefer *not* to use them. They may instead prefer to read the QoLHHI forms along with the interviewer and provide their responses either verbally or by pointing directly to the form. This is certainly acceptable, and can even speed up administration time. The seating arrangement you choose may depend on whether or not the participant will be reading along with you. If the respondent is going to read the forms with you, you may wish to arrange the seating so that you are sitting next to each other. If the respondent opts to have you read the items out loud, you may prefer to sit across from him or her, as this can facilitate eye contact. In that case the Impact Response Card and the MDT Response Booklet should be used, as it can be difficult for a person to remember all of the response options for each item if these are only read out loud.

Administration tip

Some respondents may not wish to reveal that they have difficulty reading if you invite them to read the QoLHHI forms along with you. One tactful way of addressing this issue is to say: *There are a few different ways we could proceed now. I could read out the questions, and you pick your answer using this booklet here [show the booklet]. Or, if you like, you could sit next to me and read along on the forms and pick your answers that way. Both ways work equally well, so it really just depends on what you'd rather do. What would you prefer?*

Taking breaks: Respondents may become fatigued if a large number of QoLHHI sections are administered in one sitting, so it is acceptable to take breaks. Ideally, these breaks will take place between sections, rather than in the middle of a section.

Skipping items or sections: There are a few situations in which it may be advisable to skip items or a section of the QoLHHI. One such situation is if the interviewer senses that a certain topic is likely to cause the respondent excessive distress. For example, an individual with HIV or cancer might become quite upset at having to answer questions about health. Similarly, someone who has recently lost a family member, partner, or close friend may become upset over questions about relationships. If you sense that part, or all, of a section is causing or is likely to cause excessive distress, you may wish to move on to the next section. You may choose to simply move on to the next section or next item, or you may wish to ask: *I have the feeling that these questions are upsetting you. Would you prefer that we move on to talking about something else?*

Note

A number of the themes and items of the QoLHHI touch on personal and potentially upsetting topics, particularly for a HVH population. Although, in our experience, many individuals quite enjoy the process of responding to the QoLHHI, it is likely that at least a few items will touch on at least one or two sensitive topics for most respondents. In the majority of cases, this will not cause respondents to experience excessive distress, and it will be possible and in fact appropriate to administer all of the items from a section. Administering all items allows respondents to fully describe their life situation and provides a more complete picture of their QoL. Skipping items or sections should therefore be reserved for cases when a respondent is clearly experiencing excessive distress as a result of answering certain QoLHHI items. Signs of excessive distress include (but are not limited to): extreme agitation, shaking, a clear desire to leave the room or terminate the interview (either expressed verbally or through actions such as getting up and moving around), any indication that the respondent is experiencing flashbacks or reliving a traumatic event, and uncontrollable crying. It is important that interviewers have information about appropriate counselling and support services to which they can refer individuals who wish to receive support for any issues or concerns that arise during administration of the QoLHHI.

Another situation in which you may decide that it is best to skip a section or some items is if you sense that a respondent is becoming excessively fatigued, irritated, or bored. Often, changing the topic by changing sections can alleviate this. However, before skipping a section, try to encourage respondents to continue. Acknowledge that they appear to be getting tired and ask if they would like to take a break after the section is done. This will maximize the likelihood that responses to the QoLHHI will be complete.

Note

One advantage of the flexible structure of the QoLHHI is that skipping some items does not necessarily mean that you will have to disregard all of the data for that section.

Impact Sections

The Impact sections of the QoLHHI allow you to gather information about the negative and positive impacts that various aspects of a person's life have on him or her. These sections also allow you to gather some descriptive information about a respondent's circumstances.

Item types: There are up to three types of items that comprise the Impact sections.

1. Items that solicit basic descriptive information about the respondents' circumstances, which are answered with 'y' (yes), 'n' (no), or 'y/n' (yes and no). The 'y/n' option is for responses that do not fit either 'y' or 'n'. Examples of answers of this kind include "Sometimes", "Some people treat me well, others don't", "Weekdays, yes, weekends, no". You can record some details about these answers in the 'Comments' sections.
2. Impact items, which are items that ask the respondent to rate the impact that some aspect of the life area has on him or her, from "Large negative impact" to "Large positive impact". The Impact Response Card, with visual and verbal representations of the different response choices, can be used to assist the respondent in selecting a response.
3. Open-ended questions that ask about the best and worst things about a life area, as well as any other comments the respondent wishes to make.

Interviewer and respondent instructions: Instructions for the interviewer are presented in **BOLD CAPITAL FONT**. These directions should not be read out loud to the respondent. The interviewer should be familiar with these instructions before administering the QoLHHI for the first time. Text that is read out loud to the respondent is presented in *italic font*.

Administration steps:

1. Begin by reading out the introduction at the beginning of the section.
2. Follow any directions to the interviewer.
3. Proceed to the first item and read out loud .

Note

There may be additional directions to the respondent at various points in the section (for example, when transitioning from descriptive items to Impact items). It is essential that these directions be read out loud to the respondent, as they may contain important information to guide the selection of answers. For example, the directions for the Impact items can help a respondent understand what is meant by “impact”.

Before reading out the first Impact item, place the Impact Response Card in front of the respondent. You may wish to point to it as you read out the introduction to the Impact items.

4. Record the response and proceed to the next item.
 - Mark responses to the ‘yes/no’-type questions by checking the appropriate box (in some cases, a ‘not applicable’ (N/A) option is also available). There is space to record any comments, such as elaboration by the respondent on his or her response. This can be especially useful in cases where the respondent says that the answer is both ‘yes’ and ‘no’. For example, the response to “Do you have trouble getting enough to eat?” may be “not on weekdays, but on weekends it’s harder because a lot of meal programs are closed”. This would be recorded as a ‘y/n’ response and the explanation noted.

- Record responses to the Impact items by circling the appropriate number.
- Record responses to the open-ended questions in the spaces provided.

Administration tips

1. You may find that you need to be flexible in how you phrase the Impact items. For example, if someone has trouble giving an answer to the question about the impact of sleep, you could ask *“How have you been sleeping lately?”* and then *“Can you rate the impact that sleeping well/badly has on you?”*

2. If the respondent seems to be having difficulty understanding the main point of the impact questions (that is, to rate the *impact* that something has on them), you can try breaking the first one or two items down into several stages. For example, for the question about the impact of physical health, you could start by asking *“Would you say that your current physical health makes things better or worse for you?”*, and then, if the response is “better”, for example, you could ask *“So would you say that it makes things a lot better, moderately better, or only a little better?”* Generally, most respondents will understand the point of the questions after one or two items and the remaining items can be read as written.

“You’ve talked about some things that describe the practical support you get (or don’t get) from other people. Now I want to know about the impact that this has on you. You could tell me it has no impact at all on you. Or you could say that it has a positive impact and makes things better for you, or that it has a negative impact and makes things worse for you.”

Need to discuss that if the first question in a section is not included, this statement will need to be added in (and that it can be left out of subsequent sections)

MDT Sections

The 10 MDT items are based on Michalos’ (1985) Multiple Discrepancies Theory (MDT). According to MDT, net satisfaction (QoLHHI MDT item #1) is a

function of perceived discrepancies between the current self (i.e., what one currently has) compared to (a) what other people have, (b) one's own past best, (c) what one expected to have at this point in life, (d) what one expects to have in five years, (e) one's ideal, and what one (f) deserves, (g) needs, and (h) wants (i.e., item #s 3-10). Thus, for example, net satisfaction with one's health would be a function of how one views one's health relative to the average health of most other people, the best health one has had, the health one expects to have at this point and expects to have in the future, the health one thinks is ideal, and the health one thinks one deserves, needs, and wants to have. Item #2 is not part of MDT theory but was included to allow for a self-reported description of state of affairs for a life area.

This description of MDT is directly in line with the World Health Organization's definition of QoL, in which the development of the QoLHHI Inventory is grounded. Specifically, net satisfaction can be seen as "an individual's perceptions of their position in life in the context of the culture and value systems in which they live"; the perceived discrepancies (e.g., evaluation of the current self compared to what other people have or what one wants) puts this net satisfaction "in relation to [one's] goals, expectations, standards, and concerns" (Williams, 2000, p. 13).

MDT further assumes that the perceived discrepancy between the current self and what one wants mediates the relationship between all other perceived discrepancies and net satisfaction. Several variables (notably age, sex, education, ethnicity, income, self-esteem, and social support) are assumed to have direct and indirect effects on all perceived discrepancies and net satisfaction. These relationships form the perceptual core of MDT. When item #1 and items #3-10 of the QoLHHI Inventory are used, one can test the MDT model empirically. For a description of all the basic assumptions of MDT and how the model can be tested, the reader is referred to Michalos (1985).

For the QoLHHI, the multiple discrepancies in each life area are assessed using 10 items. Most of these items are rated by the respondent on a 7-point scale, except for two items that use a 4-point scale. The MDT Response Booklet, in which the response choices for each item are provided both graphically and verbally, can be used to help the respondent choose an answer.

It is not necessary to administer all of the MDT items for each life area if only some types of evaluations are relevant to the research or intervention;

however, it is important to recognize that if fewer than the full 10 items are used, the MDT theory of quality of life may not apply to the ratings you obtain.

Interviewer and respondent instructions: Instructions for the interviewer are presented **BOLD CAPITAL FONT** at the beginning of each MDT section. These directions should not be read out loud to the respondent. You should familiarize yourself with these instructions before administering the QoLHHI for the first time.

Text that is read out loud to the respondent is presented in *italic font*. It is important to read the introduction to each section out loud to the respondent, as this section often contains a description or definition of the life area. For example, the introduction to the Housing Situation section states that 'housing situation' means "the place where you are living or staying. This could be an apartment, a rooming house, a shelter, staying at someone else's home, sleeping on the street, or any other place where you go for shelter." This definition makes it clear that 'housing situation' is a broad term that should be applicable to any respondent, not just someone who lives in an apartment or house.

Administration steps:

1. Before reading out the introduction to the respondent, place the MDT Response Booklet in front of the respondent.
2. Read out the introduction at the beginning of the section.
3. Read out the first item.
3. Record the responses to the items by circling the appropriate number and proceed to the next item.

Administration tip

Occasionally, a respondent may have difficulty with the directionality of items 3 (comparing current self to 'the average for most people'), 4 (comparing current self to previous best), and 10 (expectations for 5 years from now). For example, some people may not be sure if the response options for item 3 mean that they themselves are doing worse than others, or that others are doing worse than them. If you

suspect that a respondent is having difficulty with the direction of the responses, it can be helpful to check by asking something like “So you think your (health/housing situation/etc.) is worse than other people’s?” or “So, in 5 years, you expect you’ll be doing better than now?” This can help you pinpoint and clarify any confusion.

ADMINISTRATION GUIDELINES (SECTION-SPECIFIC)

QoLHHI Impact Section: Living Conditions

In addition to the general guidelines for administering the Impact sections of the QoLHHI, interviewers should note the following guidelines and tips for administering the Impact Living Conditions section:

‘Not applicable responses’: During pilot testing of the QoLHHI, some respondents noted that certain parts of LC2a (“I have some questions about the place where you currently live or stay”) were not applicable to them, in particular “Do you feel that the place where you live or stay is affordable?” and “Does the place where you live or stay have the amenities that are important to you (like a fridge, stove, own bathroom, elevator)?” These items now have a ‘Not Applicable’ (N/A) option, but it is still possible that some people will consider other items to be ‘not applicable’. Before beginning to read out the items in LC2a, you may wish to inform the respondent that some items may not be applicable to them, in which case they can let you know and you can make a note of it. This is preferable to the interviewer deciding to skip items, because it is not always possible to predict what people will decide is relevant to them. For example, while we have found that some individuals living on the street felt that the item about the affordability of housing was not applicable to them (as they did not pay for shelter), other people living on the street expressed a strong opinion that this made their housing very affordable.

QoLHHI Impact Section: Health

In addition to the general guidelines for administering the Impact sections of the QoLHHI, interviewers should note the following guidelines and tips for administering the Impact Health section:

For items H5 (**low/high** stress level), H6 (**having/not having** physical pain), H7 (**having/not having** emotional pain), H8 (**drinking alcohol/not**

drinking alcohol), H9 (**using drugs/not using drugs**), H11 (**following/not following** a diet, and H12 (**taking/not taking** medication), you should select only one of the terms in **bold face type** to read out loud, depending on the response to the previous question. For example, if the respondent replies “Low” to H5a (Would you describe your current level of stress as low, medium, or high?), you should read out “Given your **low** stress level, I’d like you to rate the impact that this has on you” for H5.

Administration tip

It is sometimes difficult for respondents to rate the impact that the *absence* of certain things has on them. For example, in pilot testing, some respondents were unsure of how to rate the impact of not experiencing physical pain. Because it is often the impact of *change* that is of interest, it can be helpful to emphasize change in the phrasing of the question. If a respondent has indicated that they used to experience pain in the past, item H6 could be restated as: “*I’d like you to rate the impact that the fact that you’re **not** in physical pain anymore has on you.*”

For items H6a (Have you been experiencing physical pain lately?), H7a (Have you been experiencing emotional pain lately?), H8a (Do you currently drink alcohol?), and H9a (Do you currently use drugs such as pot, cocaine, or heroin?), you will need to probe further if the respondent answers “No”. For example, if the answer to H8a is “No”, you should ask if there was ever a time when the respondent drank alcohol. If the respondent has never used alcohol, skip the impact question. However, if the respondent says that they did use alcohol in the past but have since stopped, then ask the impact question.

Administration tip

Respondents may assume that you are only interested in problematic or heavy drinking or drug use, and so may answer “No” to item H8a and item H9a even if they drink alcohol or use drugs occasionally or socially. If, when probed, the respondent clarifies that they drink or use socially, mark “Yes” as the response. Then ask about the impact that this has (this impact may be neutral or even positive).

For items H11c (If you are NOT following this special diet, why not?) and

H12c (If you are NOT taking the medication prescribed to you, why not?), read all of the options out loud to the respondent and mark all that apply. If the respondent mentions a reason that is not listed, check “Other” and record this reason in as much detail as possible.

Administration tip

Read out the entire list of possible reasons for not taking medication or not following a special diet even if the respondent volunteers a reason right away. In the pilot tests for the QoLHHI, some respondents would volunteer a reason initially, but upon hearing the full list, would say that one or more of the additional reasons applied as well.

QoLHHI Impact Section: Social Support

In addition to the general guidelines for administering the Impact sections of the QoLHHI, interviewers should note the following guidelines and tips for administering the Impact Social Support section:

The QoLHHI Impact section for Social Support is divided into three sets of items: Practical Support (receiving information and practical assistance), Emotional Support (having someone to talk to, having someone who cares about you, etc.), and Pets. All three sets (or fewer) may be administered, depending on the purpose of the interview or study. For example, if the focus is only on emotional support, the practical support items may be left out and only the emotional support and pet items retained.

Each set has three types of items (descriptive, open-ended, and impact). Note that questions asking about the ‘best and worst things’ related to social support were not deemed helpful for understanding emotional or practical support, and therefore only the question “Anything else you want to tell me about the practical/emotional support you get from others?” was retained.

QoLHHI MDT Section: Social Support

In addition to the general guidelines for administering the MDT sections of the QoLHHI, interviewers should note the following guidelines and tips for administering the MDT Social Support section:

There are two versions of the QoLHHI MDT Section for Social Support. Version 1 addresses both emotional and practical support, while Version 2 focuses exclusively on emotional support. Which version is used will be determined by the focus of the interview or study, and will generally mirror the administration of the QoLHHI Impact section for Social Support. Thus, if only the emotional support items from the Impact Section are administered, then MDT Version 2 should be used, but if both the practical and emotional support items from the Impact Section are administered, then MDT Version 1 should be used.

QoLHHI SCORING GUIDELINES

Impact Survey

As noted earlier, there are up to three types of items within the Impact Survey. Items that ask basic information about the respondents' circumstances (e.g., Do you feel like you have control over your own space?) are primarily used for descriptive purposes.

Items within a life area that ask the respondent to rate the impact (ranging from 'large negative impact' to 'large positive impact') can be summed, with the average across those items within a life area reported.

The open-ended questions ask about the best and worst things about a life area as well as other feedback from the respondent. This information can be collected, summarized by themes, and used for primarily descriptive purposes.

MDT Scale

If the full MDT Scale is administered, there are 10 items as follows:

1. On the whole, how do you feel about (life area X)?
2. On the whole, how would you describe (life area X)?
3. How does (life area X) compare to the average for most people?
4. How does (life area X) compare to the best you've experienced in the past?
5. How does (life area X) compare to what you expected at this point in your life?
6. How does (life area X) compare to what you think you deserve?
7. How does (life area X) compare to what you think you need?

8. How does (life area X) compare to what you think would be ideal?
9. How does (life area X) compare to what you want?
10. Think about how you expect (life area X) to be 5 years from now. How does that compare to (life area X now)? So, "In 5 years, you expect (life area X) will be..."

There are three ways that the MDT items can be scored:

1. Items can be treated as individual variables and the score circled is the raw score for that item.
2. The scores circled for an item can be summed across the life areas administered (e.g., health, financial situation, employment situation), with the average across those life areas reported.
3. Five of the items (comparison to the best in past, expected now, deserved, need, and in 5 years) can be summed within a given life area, with the average across those items reported.

References

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