

# ReQoL - Recovering Quality of Life: Measures & Preference Weights

## Category

Health Outcome Measures

[View online page](#)



**Recovering Quality of Life (ReQoL) has been developed to assess the quality of life of people with different mental health conditions. ReQoL is a brief outcome measure focusing on the process of recovery for users of mental health services and captures the concerns of service users on their quality of life. The ReQoL measures are generic and can be used across all mental health populations including common mental health problems, severe and complex, and psychotic disorders. They are suitable for mental health populations aged 16 and over in primary, secondary, and tertiary care.**

## Description

Recovering Quality of Life (ReQoL) has been developed to assess the quality of life of people with different mental health conditions. ReQoL is a brief outcome measure focusing on the process of recovery for users of mental health services and captures the concerns of service users on their quality of life. The ReQoL measures are generic and can be used across all mental health populations including common mental health problems, severe and complex, and psychotic disorders. They are suitable for mental health populations aged 16 and over in primary, secondary, and tertiary care.

## The ReQoL measures

ReQoL has two versions: a brief 10-item measure (ReQoL-10), and a 20-item measure (ReQoL-20). The ReQoL measures cover the following themes: belonging and relationships, activity, hope, self-perception, choice control and autonomy, well-being and both versions contain a physical item. There is a mixture of positively and negatively worded items. Summative scores are recommended where a high score represents better quality of life. Items are scored on a five level Likert scale (none of the time, only occasionally, sometimes, often, most or all of the time).

The ReQoL has grown rapidly in its recognition as a quality of life measure for assessment with people experiencing mental health difficulties. The international recognition of the ReQoL is demonstrated by the rapid growth of the library of translations, with 18 available (10 fully validated) and several in progress. The ReQoL-20 has been recommended as the new standard set of measures for Psychotic Disorders by the International Consortium for Health Outcome Measurement (ICHOM) for tracking three aspects of psychotic disorders - Quality of Life, Personal recovery, and Positive and negative symptoms. ReQoL has been adopted by the U.S. Department of Veterans Affairs (VA) as a mental health recovery instrument.

## Development

In the development of ReQoL, qualitative and quantitative techniques were implemented to produce a psychometrically robust measure using inputs from service users with a broad range of mental health diagnoses and severity. A significant contribution was received, at all stages, from governance groups including a stakeholder group, an advisory group, a scientific group, clinicians, and an expert user group.

### **Algorithm for preference Weights (ReQoL-UI)**

The Recovering Quality of Life-Utility Index (ReQoL-UI) is the preference-based measure that has been constructed from a subset of the items from ReQoL-10/ReQoL-20. Preference weights have been estimated from a sample of the general population using time-trade-off.

### **Access**

ReQoL (measures & algorithms) is managed, as part of a wide portfolio of Patient Reported Outcome measures, by Clinical Outcomes, an activity within the University of Oxford's technology transfer company, Oxford University Innovation Ltd. To use ReQoL, please visit the OUI website and complete an online Licence Request. They are free for use in the NHS and for publicly funded research. You can also obtain sample copies of the ReQoL measure and list of available languages on the website.

### **References**

1. Barkham, Browne, McKendrick, Ricketts, Taylor Buck, Carlton, Bjorner, Connell, Brazier, Keetharuth(2018) , <http://https://doi.org/10.1192/bjp.2017.10>, The British Journal of Psychiatry, 212(1), 42-49