

STEP 1:
open-ended
interviews
and content analysis

Open-ended structured interviews regarding pleasure, happiness, satisfaction and quality of life with n=268 schizophrenic persons from different care settings



comprehensive model of quality-of-life consisting of 241 components

STEP 2:
quantification of
importance and
analysis of specificity

Frequency counts of components of the QoL-model + interpretation of frequencies as indicators of importance



Empirical study on content specificity: ratings of subjective importance of QoL-components by n=75 schizophrenic and n=68 mentally health persons

STEP 3:
development of a
130-item pilot
version

Paraphrasing of every component of the QoL-model into 'statements' by 4 professional experts from clinical and community psychiatry



Transformation of statements into questionnaire items by addition of an appraisal standard and response scale; exclusion of redundant items

STEP 4:
empirical analysis of
response scale
formats

Comparison between 4-point and 6-point response scale based on a study with n=32 schizophrenic patients who filled in both versions of the questionnaire



4-point response scale was selected since both response scales yielded similar psychometric properties and 4-point scale was preferred by patients

STEP 5:
item selection,
construction of
subscales, study on
reliability

Application of 130-item version to measuring the QoL of n=203 schizophrenic persons from different care settings



Item selection based on item difficulty, means for each item, number of missing values, ordered response threshold in ordinal Rasch-model



Development of subscales based on theoretical considerations, subscale reliability, discrimination index, factor analyses, resulting in a 68-item questionnaire

STEP 6:
subscale testing,
study on validity and
retest reliability

Validation study with n=135 schizophrenic persons from different care settings, application of WHOQOL-BREF, SWN-K, MLDL-GI, PANSS



Test-retest study in n=49 schizophrenic outpatients with stable course of illness, 7-10 day interval



Construction of final QLIS based on subscale reliabilities, discrimination index, and factor analyses



Analysis of intercorrelations among QLIS subscales and scores and subscales of WHOQOL-BREF, SWN-K, MLDL-GI, PANSS