

# Summary of the RetDQoL

## an individualised measure of the impact of diabetic retinopathy on quality of life

### Comment

The RetDQoL is an individualised measure of the impact of diabetic retinopathy on quality of life taking account of the relevance and importance of different aspects of life for quality of life of individuals as well as the individual's view of the impact of diabetic retinopathy on each aspect of life of relevance to them. Closely following the design of the ADDQoL (Audit of Diabetes Dependent Quality of Life) (Bradley et al 1999; Bradley and Speight, 2002; Wee et al, 2007) the content of the RetDQoL was determined following qualitative research with people who had diabetic retinopathy in the UK and Germany (Woodcock et al, 2004). The RetDQoL was developed alongside the MacDQoL measure of the impact of macular disease on QoL (Mitchell and Bradley, 2004) and improvements to one have influenced improvements to the other. Evidence for the psychometric properties of the MacDQoL has been published (Mitchell et al, 2005 and in press) and evidence for those of the RetDQoL have been presented at ISOQOL (Brose et al, 2007) with a manuscript in preparation.

### Format of the RetDQoL

The RetDQoL is designed for self-completion by people with retinopathy. The font is Arial 16 bold. All text is justified to the left (to make it easier to follow the vertical line down the page) and the use of upper case is avoided except where dictated by grammar, as capital letters are less easy to differentiate from each other than lower case letters. Dotted lines guide the respondent from questions to response options (see examples in figures 1 and 2 below).

The RetDQoL is suitable for administration by telephone interview or face-to-face interview. However, the method of administration may affect the scores (as has been found with the MacDQoL (Mitchell et al, in press)) and it is recommended that different methods are not used in the same sample. Telephone interview (or face-to-face interview) is preferable except where all participants are able to read large print and can self-complete the RetDQoL without help. Instructions for interviewers are available in English and some other languages.

### Availability

The RetDQoL can be obtained from: Health Psychology Research Ltd  
 Fax: +44 (0)1784-414657. E-mail: [info@healthpsychologyresearch.com](mailto:info@healthpsychologyresearch.com)  
 Website: [www.healthpsychologyresearch.com](http://www.healthpsychologyresearch.com)

**Translations/adaptations** of the RetDQoL are available in 17 languages.

### References

- Bradley C et al (1999) The development of an individualised questionnaire measure of perceived impact of diabetes on quality of life: the ADDQoL. *Quality of Life Research* **8**, 79-91.
- Bradley C and Speight J (2002) Patient perceptions of diabetes and diabetes therapy: assessing quality of life. *Diabetes Metabolism Research and Reviews* **18**: S64-S69.
- Brose LS et al (2007) Retinopathy-Dependent Quality of Life Questionnaire (RetDQoL): psychometric development. 2007 International Society for Quality of Life Research meeting abstracts [[www.isoqol.org/2007mtgababstracts.pdf](http://www.isoqol.org/2007mtgababstracts.pdf)]. *Quality of Life Research suppl*, A-60, Abstract #1198.
- Mitchell J et al (2005) Psychometric evaluation of the MacDQoL individualised measure of the impact of macular degeneration on quality of life. *Health and Quality of Life Outcomes* **3**, 25.
- Mitchell J and Bradley C (2004) Design of an individualised measure of the impact of macular disease on quality of life (the MacDQoL). *Quality of Life Research*. **13**(6), 1163-75.

- Mitchell J and Bradley C. The MacDQoL individualized measure of the impact of macular disease on quality of life. In VA Preedy (Ed) *Handbook of disease burdens and quality of life measures*. Heidelberg: Springer-Verlag (in press).
- Mitchell J et al. The MacDQoL individualised measure of the impact of macular degeneration on quality of life: reliability and responsiveness. *American Journal of Ophthalmology* (in press).
- Wee HL et al (2006) Usefulness of the Audit of Diabetes Dependent Quality of Life (ADDQoL) Questionnaire in Patients with Diabetes in a Multi-Ethnic Asian Country. *Pharmacoeconomics* **24** (7): 673-682.
- Woodcock A et al (2004) The influence of diabetic retinopathy on quality of life. Interviews to guide the design of a condition-specific, individualised questionnaire: the RetDQoL. *Patient Education and Counseling* **53**, 3, 365-383.

Figure 1: Format of the 2 overview items

**I) In general, my present quality of life is:**

- excellent..... ☐
- very good..... ☐
- good ..... ☐
- neither good nor bad ..... ☐
- bad..... ☐
- very bad ..... ☐
- extremely bad..... ☐

**II) If I did not have diabetic eye problems, my quality of life would be:**

- very much better ..... ☐
- much better ..... ☐
- a little better..... ☐
- the same ..... ☐
- worse..... ☐

**Figure 2: Format of a condition-specific domain**

**9a) If I did not have diabetic eye problems, my friendships and social life would be:**

- very much better ..... ☐
- much better ..... ☐
- a little better..... ☐
- the same ..... ☐
- worse..... ☐

**9b) My friendships and social life are:**

- very important ..... ☐
- important ..... ☐
- somewhat important..... ☐
- not at all important..... ☐

**Table 1: Summary of the 24 domain-specific items and final open question**

NB. All items 1 – 24 begin with the phrase: If I did not have diabetic eye problems:	
1	I could handle my household tasks:
2	I could handle my personal affairs (letters, bills, etc):
3	my experience of shopping would be:
4	my feelings about the future (e.g. worries, hopes) would be:
5	my feelings about past medical care and/or self-care (e.g. anger or regret) would be:
6	*my working life would be:
7	*my closest personal relationship would be:
8	*my family life would be:
9	my friendships and social life would be:
10	I could do things for others as I wish:
11	I could get out and about (e.g. on foot, or by car, bus or train):
12	*my holidays would be:
13	my financial situation would be:
14	the way people in general react to me would be:
15	my physical appearance (including clothes and grooming) would be:
16	physically I could do:
17	I could enjoy my leisure activities and interests (e.g. reading, TV, radio, hobbies):
18	my self-confidence would be:
19	my motivation would be:
20	I could do things independently:
21	I would have mishaps or would lose things:
22	the time it takes me to do things would be:
23	I would find taking care of my diabetes (e.g. self-testing, medication, food, exercise):
24	I could enjoy nature:
25	Do your diabetic eye problems affect your quality of life in any ways that have not been covered by the questionnaire? If 'yes' please describe in the box provided (open text response).

\* Item has 'not applicable' option