Design of the HIV Dependent Quality of Life (HIVDQoL) Questionnaire and HIV Symptom Rating Questionnaire (HIVSRQ)



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INTRODUCTION

- The advent of antiretroviral treatment for Human Immunodeficiency Virus (HIV) infection has changed a diagnosis of HIV from a certain death sentence to a controllable and treatable, chronic disease ¹.
- An up-to-date symptom measure and an HIVspecific QoL measure are needed in addition to widely used health-status tools to evaluate treatments for people living with HIV².
- The present research aimed to design two instruments, each in UK and US English: the HIV-Dependent Quality of Life (HIVDQoL) Questionnaire and HIV Symptom Rating Questionnaire (HIVSRQ).

METHOD

- The format of the HIVDQoL and HIVSRQ are based on established -DQoL and -SRQ measures (e.g. ADDQoL for diabetes ³, ThySRQ for hypothyroidism 4, with copyright owned by co-author, Bradley).
- The initial draft HIVSRQ item list was revised following consultation with three HIV specialist clinicians.
- Participants were recruited via the internet by Opinion Health and were paid for their time.

Table 1: Participant Details UK								
Men	11	47	8.71	17	8.12			
Women	3	51	15.28	12	1.53			
			US					
	Ν	Mean Age in Years	SD	Mean HIV Duration in Years	SD			
Men	8	51	12.85	20	11.59			
Women	3	58	8.62	19	1.00			

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- in UK, Germany and Spain ⁵.
- between four additional UK interviews.

Interview Extracts If you woke up tomorrow to find that you no longer had HIV, how would that affect your QoL?

'It would be nice not having to pop the pills every night and worrying about being home in time to take them. Every time you take a pill it reminds you that what you've got is life threatening' Man aged 39, diagnosed 10 years

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METHOD

Items were selected from existing -DQoL and -SRQ bank items and newly drafted as needed based on a review of relevant research, HIV specialist websites, and transcript analysis of 68 interviews conducted

In-depth telephone interviews of one hour, with questionnaires revised needed as interviews, until new content/changes were required. Following 10 UK interviews, a US linguist adapted the English for the US version. Eleven US interviews were then conducted followed by

RESULTS

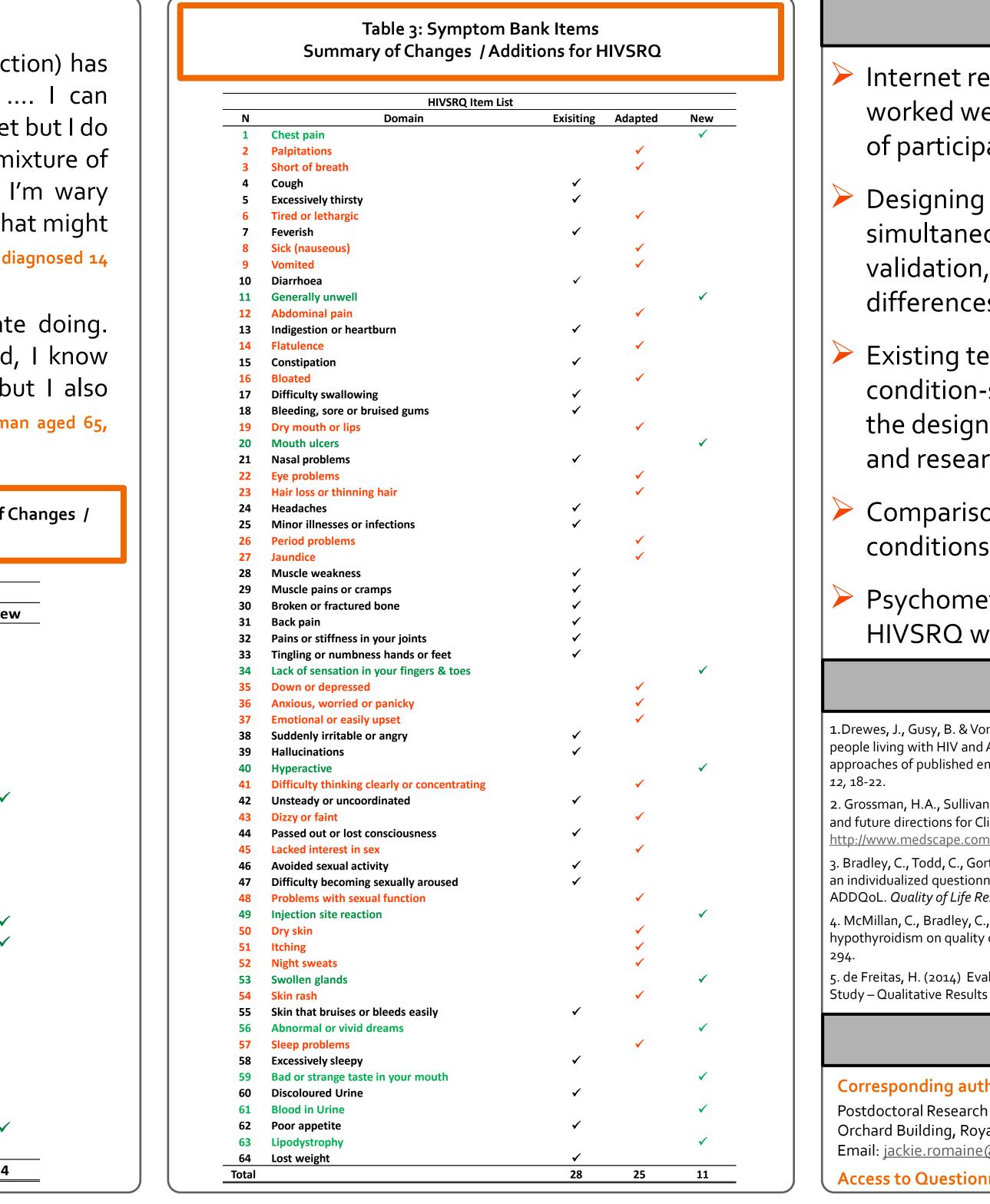
How does living with HIV affect you?

'of everything I guess that (erectile dysfunction) has had the most impact in terms of QoL I can tolerate the residual pain in my toes and feet but I do find the whole sexual thing difficult; it's a mixture of stigma and difficulty talking about HIV... I'm wary about forming any long-term relationship that might turn into a sexual relationship' Man aged 61, diagnosed 14

'Have to take meds everyday which I hate doing. Meds are strong and toxic. Good and bad, I know without the meds I would not be alive, but I also know that they are causing damage' Woman aged 65, diagnosed 12 years

Table 2: Quality of Life Domain Bank Items Summary of Changes / Additions for HIVDQoL

HIVDQoL Item List									
Ν	Domain	Exisitng	Adapted	Nev					
1	Leisure	\checkmark							
2	Work		\checkmark						
3	Holiday		\checkmark						
4	Out & About		\checkmark						
5	Long Distance Journeys		\checkmark						
6	Do Physically	\checkmark							
7	Family	\checkmark							
8	Friendships	\checkmark							
9	Dates			\checkmark					
10	Close Personal Relationships		\checkmark						
11	Sex Life		\checkmark						
12	Physical Appearance	\checkmark							
13	Self-confidence	\checkmark							
14	Motivation		\checkmark						
15	Stigmatised			\checkmark					
16	Conceal			\checkmark					
17	Future	\checkmark							
18	Finance	\checkmark							
19	Depend on Others		\checkmark						
20	Fuss or Worry		\checkmark						
21	Freedon to Eat	\checkmark							
22	Freedom to Drink		\checkmark						
23	Spiritual / Religious		\checkmark						
24	Past		\checkmark						
25	Children			\checkmark					
26	Sleep	\checkmark							
otal		10	12	4					









CONCLUSION

Internet recruitment and telephone interviews worked well, eliciting information from a range of participants.

Designing the two language versions simultaneously avoided subsequent linguistic validation, reduced unnecessary UK/US wording differences, and helped to simplify the wording.

• Existing templates and item banks from other condition-specific -DQoLs and -SRQs facilitated the design process, thus enabling participants and researchers to focus on the content.

Comparisons across questionnaires for different conditions have now become possible.

Psychometric development of the HIVDQoL and HIVSRQ will follow shortly.

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Access to Questionnaires: Visit www.healthpsychologyresearch.com