

The AneurysmDQoL

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Background

The AneurysmDQoL is a self-completion measure designed specifically to assess individualised quality of life in patients who have been diagnosed with an abdominal aortic aneurysm (AAA). The AneurysmDQoL was developed in 2013 (Peach, Romaine, Thompson, Hinchliffe & Bradley, 2014; Peach, Wilson, Plowright, Romaine, Thompson, Hinchliffe, & Bradley, 2016) and validated in 2014 (Romaine, Peach, Thompson, Hinchliffe, & Bradley, 2015) and is based on the Audit of Diabetes Dependent Quality of Life (ADDQoL) (Bradley, Todd, Gorton, Symonds, Martin, & Plowright, 1999) and sister –DQoLs for other conditions (RDQoL: Bradley, 1997; ThyDQoL: McMillan, Bradley, Razvi, & Weaver, 2008; MacDQoL: Mitchell & Bradley, 2004; RetDQoL: Brose & Bradley, 2010). The specific life domains to be included in the AneurysmDQoL were determined during focus group discussions and in-depth interviews with individual patients as described by Peach et al. (2016) followed by psychometric development as described by Romaine et al. (2015).

The AneurysmDQoL is a 24-item measure including two overview items designed for audit purposes which measure generic ‘present QoL’ and AAA-specific ‘impact of AAA on QoL’. A further 22 items measure the impact of having an abdominal aortic aneurysm on specific aspects of life and the importance of these aspects of life for QoL (See Figure 1 for an example item). In addition the questionnaire includes a free-text item. This allows patients to comment on any other QoL domains not covered in the questionnaire.

Being an ‘individualised’ measure it is not assumed that all items are applicable to everyone: five items, including working life, have a preliminary ‘not applicable’ option. Secondly, it is not assumed that all aspects of life are equally important to QoL for all individuals. Importance of each aspect of life is measured and used to weight the ratings of the impact of AAA on each aspect of life. These weighted impact scores can be averaged to provide a highly personalised assessment of the impact of AAA on an individual’s QoL in the form of an ‘Average Weighted Impact’ (AWI) score.

| | |
|------------|--|
| 2 | Are you currently working, looking for work or would you like to work? Yes <input type="checkbox"/> If yes , complete (a) and (b). No <input type="checkbox"/> If no , go straight to 3 (a). |
| (a) | If I had never had an aneurysm, my working life would be: <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> very much better <input type="checkbox"/> much better <input type="checkbox"/> a little better <input type="checkbox"/> the same <input type="checkbox"/> worse </div> |
| (b) | For me, having a working life is: <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> very important <input type="checkbox"/> important <input type="checkbox"/> somewhat important <input type="checkbox"/> not at all important </div> |

Figure 1: AneurysmDQoL item example

The AneurysmDQoL is designed for use with adults and includes patients who are being monitored prior to aneurysm repair as well as those who have undergone aneurysm repair. The questionnaire may be administered by mail or in clinic for a range of purposes including:

- i. an assessment tool with individuals;
- ii. an assessment tool with groups of patients;
- iii. a broad cross-sectional survey instrument;
- iv. a routine part of clinical audit cycles;
- v. an outcome measure for clinical research trials evaluating new treatments.

Conditions of use of the AneurysmDQoL

The AneurysmDQoL is made available to users by formal arrangement with Health Psychology Research Ltd. Requests should be made to info@healthpsychologyresearch.com. A user agreement is necessary to avoid breach of copyright and to ensure that the latest and most appropriate version of the questionnaire is used. Evidence of licensing may be required by regulators, editors and/or examiners.

Contact Information

For permission to use the AneurysmDQoL, and to ensure that you have the most up-to-date version, please contact:

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