<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Quality of Life After Brain Injury (QOLIBRI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sensitivity to Change</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td>Adult</td>
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<tr>
<td><strong>Domain</strong></td>
<td>Health-Related Quality of Life</td>
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<tr>
<td><strong>Type of Measure</strong></td>
<td>Self-report</td>
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<tr>
<td><strong>ICF-Code/s</strong></td>
<td>b1, d1-d9</td>
</tr>
</tbody>
</table>
| **Description** | The QOLIBRI (Quality of Life after Brain Injury; von Steinbuchel et al., 2010) is a novel health-related quality-of-life (HRQoL) instrument specifically developed for traumatic brain injury (TBI). The conceptual model for the QOLIBRI was developed on the basis of a TBI literature review and consensus meetings of an international consortium (later referred to as “the QOLIBRI Task Force”; hereafter the Group).

The QOLIBRI instrument consists of 37 items in four satisfaction scales:

1. “Cognition” (7 items),
2. “Self” (7 items),
3. “Daily Life and Autonomy” (7 items), and
4. “Social Relationships” (6 items),

and two bothered scales,
5. “Emotions” (5 items), and
6. “Physical Problems” (5 items).

Responses to the ‘satisfaction’ items are coded on a 1 to 5 scale, where 1= “not at all satisfied” and 5= “very satisfied”. Responses to the ‘bothered’ items are reverse scored to correspond with the satisfaction items, where 1= “very bothered” and 5= “not at all bothered”.

The scale means are converted to the 0-100 scale by subtracting 1 from the mean and then multiplying by 25. This produces scale scores which have a lowest possible value of 0 (worst possible quality of life) and a maximum value of 100 (best possible quality of life). The scale takes around 7-10 mins to complete. |
| **Properties** | See (von Steinbuchel et al., 2010) |
| | Cronbach’s α ranges from 0.75 (“Physical problems”) to 0.89 (“Cognition” and “Self”). The total QOLIBRI score provides a reliable assessment at the level of the individual with Cronbach’s α of 0.95, ranging from 0.92 (French; n = 147) to 0.97 (English; n = 96).

In general, most scales show test-retest reliability (ICC = .77 to .81 for the subscales and .91 for overall scales. These values were lower for those with low MMSE scores (> .68).

Both PCA and Rasch analysis indicate there is a unidimensional component to the scale. Items in the first three scales demonstrate good fit, whereas the items from the last three scales, with the two exceptions (poorly fitting items), have moderate fit. The SEM model with six factors showed substantial intercorrelation of latent factors (range of r = .469—.796). |
| **Advantages** | Brevity, multi-dimensional, many resources available: [http://www.qolibrinet.com/](http://www.qolibrinet.com/)  
Once registered, the QOLIBRI is free for researchers, clinicians, and non-profit organisations. Languages: Dutch, English, Finnish, French, German, and Italian. Versions in Russian, Chinese, Portuguese, and Norwegian are in the process of validation.  
- Was developed specifically for people with TBI  
- Has a comprehensive coverage of pertinent domains  
- In particular, inclusion of 7 cognitive items is a distinct advance over other QOL scales, this being a fundamental premise that is important to include in people with brain injury  
- Actively and appropriately addresses the QOL construct, as opposed to health status measure (e.g., SF36) |
| **Disadvantages** | Limited use in the Australian context – although see Hawthorne, Kaye, Gruen, Houseman, Bauer (2011):  
- The Quality of Life after Brain Injury (QOLIBRI) is a new international instrument for assessing quality of life after traumatic brain injury (TBI).  
- Correlations with the Assessment of Quality of Life, Short Form-36 version 2 and the Satisfaction with Life Scale were moderate. The QOLIBRI was sensitive to the Glasgow Outcome Scale - Extended scores, Hospital Anxiety and Depression scale, and measures of social isolation (Friendship Scale).  
- There was evidence that further refinement may improve the QOLIBRI. The QOLIBRI should be considered as an outcome measure by clinicians and researchers conducting treatment trials, rehabilitation studies or epidemiological surveys into the treatment or sequelae of trauma.  
  
Additionally:  
- Although not yet widely used outside Europe, it is only a recently developed instrument (2010)  
- Validity data could be improved |
| **Additional Information** | The QOLIBRI is an Emerging measure in the Perceived Generic and Disease-Specific Health-Related Quality of Life Domain in Wilde et al (2010).  
TBI Pubs (not updated since 2011 by the looks)  
persons with acquired or degenerative brain injury. Current Opinion in Neurology, 18, 681-691.


Reviewers

Tamara Ownsworth (RT)

Reference
