

Outcome Measure	Short Form (SF-36v2)
Sensitivity to Change	No
Population	No age range
Domain	Health related quality of life
Type of Measure	Self-report or interviewer assisted (if desired)
ICF-Code/s	b280, d4, d7, b1
Description	This is a short-form of 36 questions that yields an 8-scale health profile, index scores for mental and physical health, as well as a summary measure of health-related quality of life. It is a generic measure compared to those that yield a specific age, disease, or treatment group. The eight scales include physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional and mental health.
Properties	<p><u>See Guilfoyle et al., 2010 for review</u></p> <p><u>Internal consistency</u>: typically high ranging from 0.97 (McHorney, Ware, Lu, & Sherbourne, 1994) to 0.75 (Brazier et al., 1992; Jenkinson, Wright, & Coulter) for the overall and scale measures, the lowest being for social functioning. This was maintained when assessing TBI patients (Findler, Cantor, Haddad, Gordon, & Ashman, 2001).</p> <p><u>Discriminant validity</u>: found item discriminant validities were higher for patients with psychiatric and complex medical conditions (McHorney et al., 1994). Additionally there were significant differences in SF-36 between control, Mild and Severe TBI patients (Findler et al., 2001; Emanuelson, Homkvist, Bjorklund, & Stahlhammar, 2003). Effect sizes in the differences between patients with TBI and controls in the scale and index scores ranged from -.38 to -.86, and was higher for mental (-.76) than physical health (-.47; Hawthorne, Gruen, & Kaye, 2009).</p> <p><u>Criterion Validity</u>: Found linearly decreasing SF-36 scores on dimensions with worsening self-rated general health (Jenkinson et al.). However different evidence that SF-36 changes with time since injury (Emanuelson et al., 2003)</p> <p><u>Convergent validity</u>: There were significant negative correlations between the SF-36 (a measure of good health) and measures of ill health (e.g. Beck Depression Inventory and Health Problems List; Jenkinson et al., 2001). Strong correlation (-.77) between higher scores on BDI and SF-36 in TBI. Additionally higher scores on SF-36 were associated with higher Glasgow Outcome Categories.</p>
Advantages	<ul style="list-style-type: none"> • Free to print form and scoring sheet from website • Highly recommended as a generic tool of HRQoL in general and TBI populations (Bullinger, 2002; Neugebauer, Bouillon, Bullinger, & Wood-Dauphinee, 2002)

Disadvantages	<ul style="list-style-type: none"> • There is higher QOL seen in severe TBI than mild TBI, however this difference was eliminated when accounting for depression scores of those with mild TBI (e.g. Findler et al., 2001). • Low reliability of social domain of SF-36
Reviewers	

References

- Bullinger, M., & Group, T. T. C. (2002). Quality of life in patients with traumatic brain injury--basic issues, assessment and recommendations. *Restorative neurology and neuroscience*, 20(3), 111-124.
- Emanuelson, I., Andersson Holmkvist, E., Björklund, R., & Stålhammar, D. (2003). Quality of life and post-concussion symptoms in adults after mild traumatic brain injury: a population-based study in western Sweden. *Acta Neurologica Scandinavica*, 108(5), 332-338.
- Findler, M., Cantor, J., Haddad, L., Gordon, W., & Ashman, T. (2001). The reliability and validity of the SF-36 health survey questionnaire for use with individuals with traumatic brain injury. *Brain Injury*, 15(8), 715-723.
- Guilfoyle, M. R., Seeley, H. M., Corteen, E., Harkin, C., Richards, H., Menon, D. K., & Hutchinson, P. J. (2010). Assessing quality of life after traumatic brain injury: examination of the short form 36 health survey. *Journal of neurotrauma*, 27(12), 2173-2181.
- McHorney, C. A., War Jr, J. E., Lu, J. R., & Sherbourne, C. D. (1994). The MOS 36-item Short-Form Health Survey (SF-36): III. Tests of data quality, scaling assumptions, and reliability across diverse patient groups. *Medical care*, 40-66.
- Neugebauer, E., Bouillon, B., Bullinger, M., & Wood-Dauphinee, S. (2002). Quality of life after multiple trauma--summary and recommendations of the consensus conference. *Restorative neurology and neuroscience*, 20(3), 161-167.