Mitchell J and Bradley C (2000) Psychometric evaluation of the 12-item Well-being Questionnaire (W-BQ12) for use with people with macular disease (MD). *Quality of Life Research*, **9** (3), 284.

http://www.jstor.org/stable/4036245

Poster presented at ISOQOL, 7<sup>th</sup> Annual Conference, Vancouver, 29-31 October 2000

## <u>Psychometric evaluation of the 12-Item Well-being Questionnaire (W-BQ12) for</u> use with people with macular disease (MD).

Jan Mitchell BSc, Clare Bradley PhD.

Department of Psychology, Royal Holloway, University of London, Egham, Surrey, UK.

MD is a progressive condition of the eye which destroys central vision and mainly affects people over 50. New treatments for MD are being developed and evaluated and there is a need for reliable psychological outcome measures for use in clinical trials. We report the evaluation of the W-BQ12, a generic measure of well-being, a commonly included dimension in quality of life assessment.

The W-BQ12, widely used in diabetes and other chronic conditions, was incorporated in a cross-sectional questionnaire study of 2000 members of the Macular Disease Society (a British charity). Of 1420 (71%) responding, 975 were women, 436 men (9 unspecified); mean age 76 years. Mean duration of MD 7.34 years.

Unforced principal components analysis of the W-BQ12 elicited, as expected, 3 factors representing Positive Well-being, Negative Well-being and Energy subscales. Each subscale contains 4 items. All items loaded at > 0.5 on their intended factor. Cronbach's alphas were > 0.78 on each subscale. In a forced 1-factor solution all items loaded at > 0.5 and the Cronbach's alpha was 0.87, indicating reliability of the whole scale as a measure of General Well-being (GWB). Subgroup differences provided evidence of construct validity. As expected, participants who were registered blind or partially sighted showed poorer well-being than those not registered (GWB: t=5.11, df=1311, p<0.001). Further analysis showed that people who were dissatisfied with experiences with health professionals at the time of diagnosis showed significantly poorer well-being than those who were satisfied (GWB: t=4.69, df=1277, p<0.001). People experiencing hallucinations showed poorer well-being than those not experiencing them (GWB: t=3.78, df=1083, p<0.001)

The W-BQ12, with its Positive Well-being and Energy subscales, as well as the Negative Well-being subscale, will be valuable in measuring psychological benefits as well as psychological costs in rehabilitative and medical interventions.