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International Handbook of Behavioral Health Assessment

RECOVERING QUALITY OF LIFE (REQOL)

Anju Devianee Keetharuth, School of Health and Related Research, University of Sheffield, Sheffield, United Kingdom. Email: d.keetharuth@shefffield.ac.uk (Corresponding author)

Marlene Knupfer, Clinical Outcomes, Oxford University Innovation, Oxford, United Kingdom. Email: marlene.knupfer@innovation.ox.ac.uk

Elizabeth Taylor Buck, School of Health and Related Research, University of Sheffield, Sheffield, United Kingdom. Email: e.taylor-buck@sheffield.ac.uk

Abstract

This chapter provides an overview of the Recovering Quality of Life (ReQoL) measures – ReQoL-10 and ReQoL-20, which were developed for use as outcome measures with individuals aged 16 and over and experiencing mental health issues. The conceptual framework of the measures is described, followed by the four development stages: generation of items, content validation, scale generation, and final item selection. The involvement in the co-production of the ReQoL measures of people with lived experience of mental health difficulties and mental health service users is discussed followed by the psychometric properties of the ReQoL in the original language and other translated versions. Cultural considerations in the linguistic validation of a selection of translated versions are also presented, highlighting some of the challenges encountered. The instructions for scoring and for interpreting scores are provided, including minimum important difference and cut-off scores to distinguish between clinical and non-clinical populations. The original ReQoL English versions and 28 translated versions are also presented.

Keywords

ReQoL, Mental health, patient-reported outcome measures, preference-based measure, recovery, translations, linguistic validation

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Introduction

The Recovering Quality of Life (ReQoL) measures were commissioned by the Department of Health and Social Care in the UK. They were developed in response to the three key developments (Keetharuth et al., 2018a): First, the concept of recovery, and recovery-oriented services and practices, for people experiencing mental health difficulties had started to receive greater emphasis. Recovery-oriented services and practices are those which support people with mental health difficulties to lead fulfilling and satisfying lives despite the persistence of certain symptoms (Slade, 2013). A review of the literature identified that there was no existing outcome measure that adequately captured all the key themes associated with recovery, namely connectedness, hope, identity, meaning, and empowerment (CHIME) (Leamy et al., 2011). Second, in the UK, there were increased efforts to implement the use of patient-reported outcome measures (PROMs) in mental health services to allow service users to report on their own quality of life. The aspiration to embrace value-based commissioning for mental health services was an additional driver for the popularity of PROMs but there was a recognition that there was no suitable outcome measure that had been developed specifically for people experiencing mental health difficulties. Third, in the literature, concerns had been raised about the most widely used generic preference-based measures being mainly focused on physical health and therefore may fail to adequately capture benefits of treatments in the area of mental health (Brazier, 2010; Saarni et al., 2010).

This chapter describes the development of the ReQoL measures designed for people aged 16 and over across a broad range of mental health difficulties ranging from mild to severe, to self-report their quality of life. After presenting the conceptual model, the stages of measure development are summarised including their psychometric properties. The development of the ReQoL-UI (Utility Index) is also described followed by the various translations and linguistic validation of the ReQoL measures into other languages.

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Development of Recovering Quality of Life (ReQoL) Measures

Conceptual framework

A systematic review of the qualitative literature to identify the domains of quality of life important to people with mental health difficulties was carried out (Connell et al., 2012) complemented by interviews with 19 people to ensure that the views of people presenting with a broad range of mental health conditions were represented (Connell et al., 2014). The qualitative review identified the following themes: activity, belonging and relationships, choice and autonomy, hope, self-perception and well-being. The interviews highlighted physical health as the seventh theme (Brazier et al., 2014; Connell et al., 2012, 2014). There is significant overlap between the latter themes and the CHIME themes, indicative of broadly similar concepts, albeit different names were used to refer to related concepts. The only exception is the physical health theme that is unique to the ReQoL. The development stages are described in the subsequent sections and summarised in Figure 1.

Generation of items

The items under each theme were generated from three different sources: items from existing measures, phrases from the interview manuscripts, and new items coined by the team. Nearly 1600 items were initially identified. These were iteratively reduced within themes in deliberative meetings using a set of criteria adapted from the literature (Streiner & Norman, 2008). At the end of this process, 88 items were retained for the subsequent stage.

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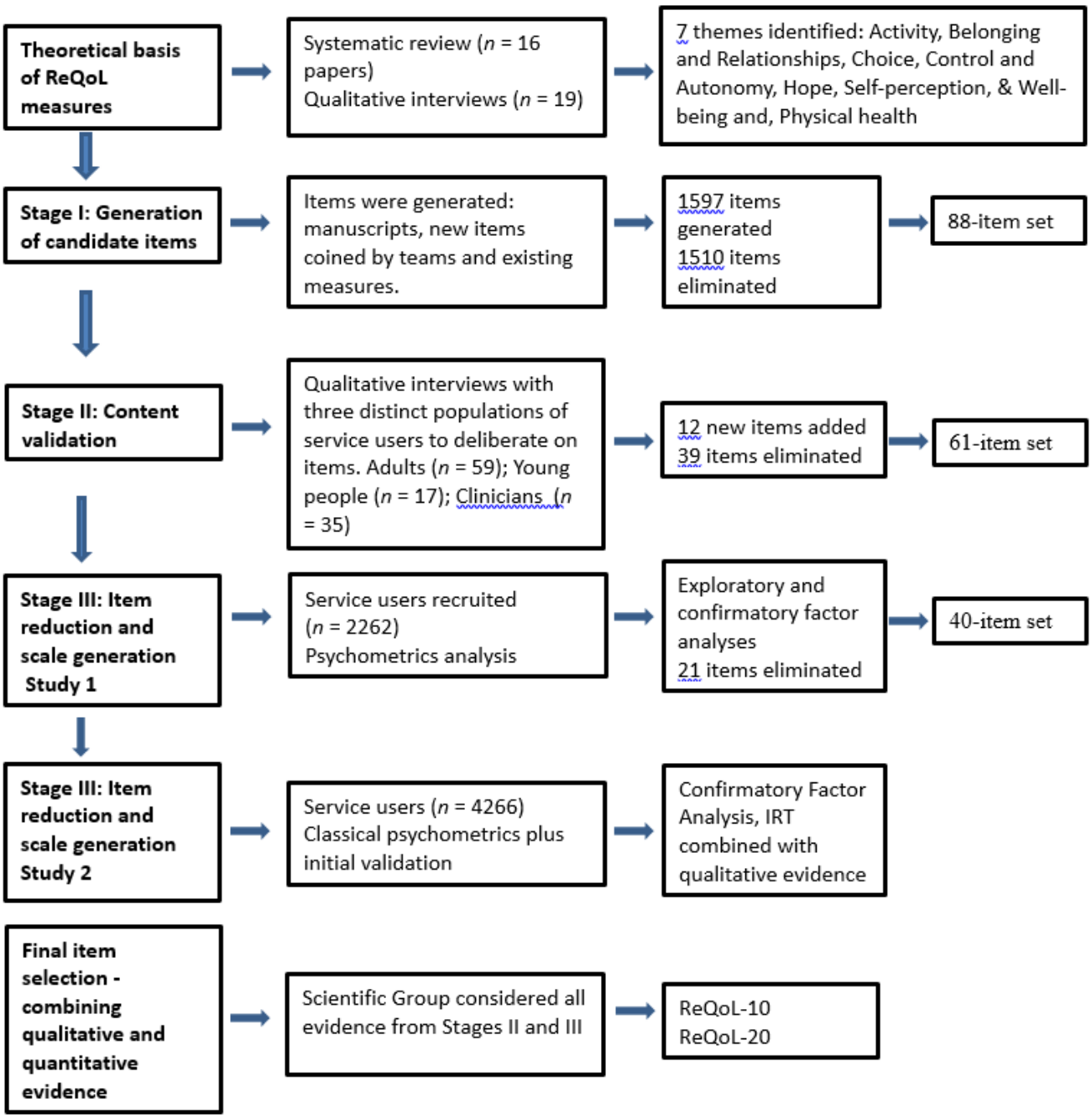
Figure 1

Development stages of the ReQoL measures



Source: Adapted from Keetharuth et al. (2018a) under the terms of the Creative Commons Attribution licence.

Individual interviews and focus groups were conducted with 59 adults and 17 young people (aged between 16 -18) – all with experience of mental health difficulties – to gather their views on the items. Participants were asked to comment on the items, identify items that had very similar meaning, and suggest alternative wordings where applicable. This was an iterative process allowing new and rephrased items to be checked by participants in subsequent interviews. Participants used the following five key themes to determine whether to endorse or reject an item. These were relevance of items, ease of response, potentially distressing items, item ambiguity, and judgemental items (Connell, 2018). 35 clinicians from all the main professional groups involved in multidisciplinary mental health care from six different providers also participated in focus groups. They assessed the items shortlisted by the participants for relevance, clarity, and usefulness of each of the items from a clinical perspective. Finally, the results of a translatability assessment (see *Cultural considerations* below for more details) were used to reduce the number of items to 61.

Scale validation

This stage comprised two quantitative studies. The aims of Study 1 were to explore the dimensionality of the item set and to identify items that could potentially be excluded because of redundancy to lessen response burden (Keetharuth et al., 2018a). The aims of Study 2 were to replicate the dimensionality results of Study 1 and to perform a more in-depth evaluation of item performance to inform the final item selection for the measures (Keetharuth et al., 2018a).

Participants including people accessing both inpatients and outpatients services were recruited from 13 and 20 secondary mental health providers in Studies 1 and 2, respectively. There were also participants from three general practices and a trial cohort in each study, and three and two voluntary sector organisations in Studies 1 and 2, respectively. In Study 1, 500 participants were recruited from an online panel. Participants were recruited face to face while attending services; some completed the survey by post and others online. In Study 1, 2262 participants completed the 61-item set at once only. In Study 2, 4266 participants completed a reduced 40-item set, of whom 953 completed a follow-up 6 to 12 weeks later. To assess convergent validity, participants in Study 2 also completed one of the

following measures: EQ-5D-5L, Short Warwick and Edinburgh Wellbeing Scale (SWEMWBS) (Stewart-Brown et al., 2009; Tennant et al., 2007), Clinical Outcomes in Routine Evaluation (CORE-10) (Barkham et al., 2013), Patient Health Questionnaire (PHQ-9) and the General Anxiety Disorder (GAD-7) (Spitzer et al., 2006).

Dimensionality of the measure

Confirmatory factor analysis (CFA) was employed to understand whether the mental health themes identified in the conceptual framework represented distinct underlying constructs and their inter-relationships. Items concerning a physical health theme were excluded from the factor analysis as physical health was deemed to be conceptually a different construct. The 6 mental health factors did not provide a satisfactory model, and the factors were strongly correlated (Keetharuth et al., 2019). The results from the exploratory factor analysis (EFA) suggested a 2-factor solution: All the 34 negatively worded items loaded on the first factor, and all the 23 positively worded items loaded on the second factor. The correlation between the 2 factors was 0.80. Redundancy found in the factor analysis results in Study 1 were combined with the qualitative evidence on the items from Stage II in order to reduce the item set from 61 to 40 items. This 40-item set comprising 39 mental health items and 1 physical item was retained in Study 2. The results from the EFA of the mental health items in Study 2 suggested a similar 2-factor solution. A 2-factor CFA model provided an acceptable fit, but a bifactor model comprising a global factor and 2 local factors of negative and positive affects yielded a slightly superior fit in both Study 1 (Bifactor model RMSEA: 0.07, CFI: 0.96) and Study 2 (Bifactor model RMSEA: 0.06, CFI: 0.97). The factor loadings on the negative and positive factors were considerably smaller than the loadings on the global factor, thereby supporting an essentially unidimensional model. Thus, in Study 2, the global factor explained 83% of the common variance, the negative factor explained 13%, and the positive factor 4% (Keetharuth et al., 2019).

Item response theory (IRT)

Graded response models (GRM) (Samejima, 1997) were used for all analyses (Keetharuth, 2020). Model fit was evaluated by the sum-score based item fit statistic (S-G2) (Orlando,

2000). To counter the problem that the S-G2 statistic may lead to spurious results in cases of large numbers of items, Study 2 was divided into four datasets (n >1000 each). A sample size of a minimum 1000 was considered sufficient to identify relevant misfit. Only items with misfit ($p < 0.05$) in three to four datasets were considered misfitting. Item functions, test information functions, and information functions were examined. In the IRT analyses conducted in Study 2, 2 items were found misfitting in three of the datasets: 'I felt at ease with myself' and 'I could do the things I wanted to do'. The marginal reliability for response pattern scores of the 39 items was 0.98 (Keetharuth et al., 2020).

Final item selection

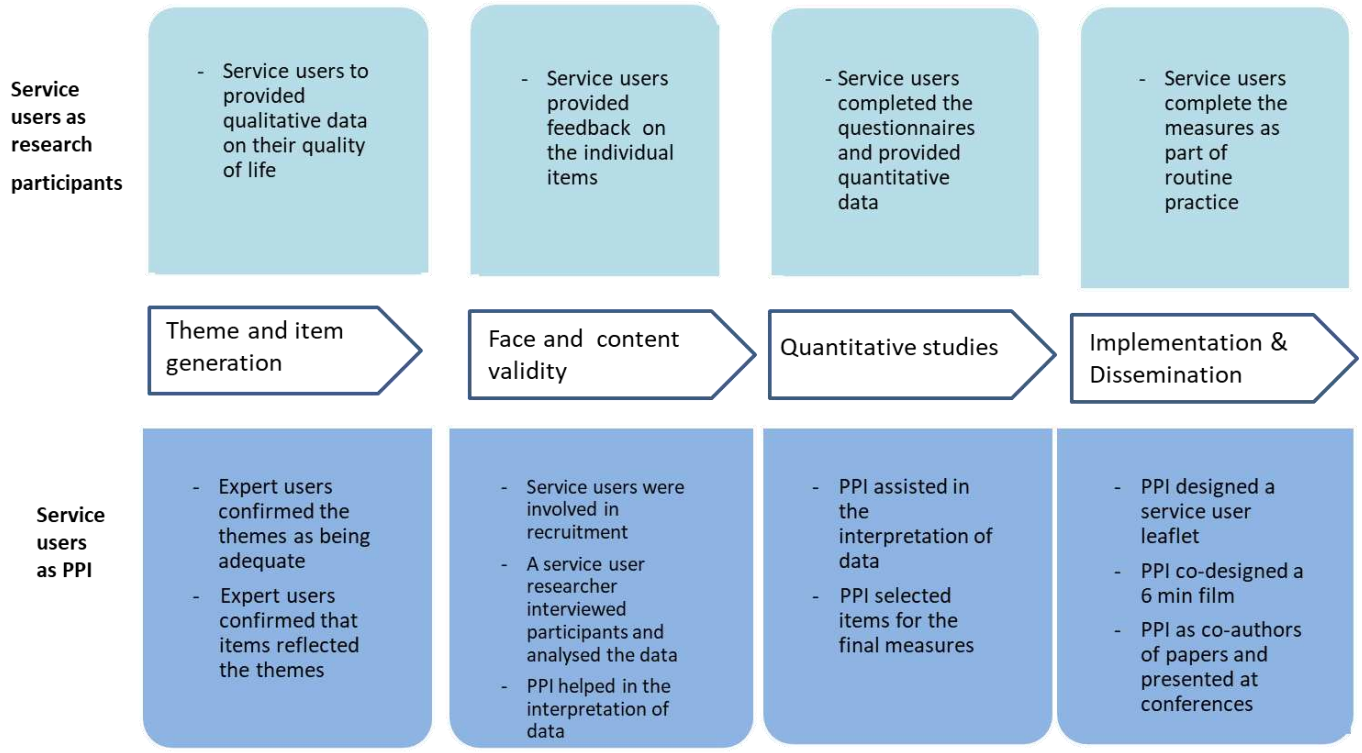
The results from the qualitative stages and the psychometrics survey were combined and presented to the scientific group including the Patient and Public Involvement (PPI) Patient and Public Involvement (PPI members in an accessible way (Keetharuth et al., 2018b). First, 1 item was chosen from each theme. The scientific group considered a second item was important for the latter three themes, and, in addition to the existing criteria, these were selected to complement the first items in terms of direction, range of the item information, and compatibility with the other items. The selection of the first 10 mental items and the physical item constitute the ReQoL-10 measure. The selection of the additional 10 items to construct the 20-item version followed a similar process. ReQoL-20 items were chosen to provide more item information on important sub-themes (e.g., sleep, concentration, and control of life) (Keetharuth et al., 2018b).

The co-productive nature of the development of ReQoL

The ReQoL was developed by the research team with significant inputs from a scientific group composed of the research team, academics, clinicians, and people with lived experience of mental health difficulties and mental health service use; an international advisory group made up of policymakers, academics, clinicians, and people with lived experience; and the expert user group. It is becoming increasingly accepted that PPI should be involved in all stages of the development of measures (Carlton et al., 2022; Crawford et al., 2011; Rose, 2011; Wiering et al., 2017). The top part of Figure 2 illustrates how people with lived experience were involved in the development stage as participants in the research, and the bottom part illustrates how expert users were involved in each stage of

the project as Patient and Public Involvement and Engagement (PPIE) representatives, involved in decision-making (Grundy et al., 2019).

Figure 2 *Distinct roles of service users as research participants and as PPI in the development of the ReQoL*



Source: *Reproduced from Grundy et al. (2019), under the terms of the Creative Commons Attribution licence.*

Psychometric properties

At the time of developing the ReQoL measures, the following psychometric properties were investigated based on data collected in Study 2: reliability (test-retest and internal), construct validity (convergent validity and known-group differences), and responsiveness (Keetharuth et al., 2018a).Test-retest reliability was assessed in two administrations of the ReQoL-10 and ReQoL-20 approximately 2 weeks apart. The ICC for the ReQoL-10 measure for both the general population sample (n = 488) and the patient sample (n = 279) reporting the same general mental health at both administrations was 0.85 ($p < 0.01$). For ReQoL-20 the ICC for the patient sample (n = 100) and the general population sample (n = 249) was

0.90 and 0.87, respectively. Cronbach alphas for the ReQoL-10 and ReQoL-20 items in study 2 were 0.92 and 0.96. For the general population samples, the equivalent alphas were 0.87 and 0.93 for ReQOL-10 and ReQoL-20, respectively.

For convergent validity, convergence between ReQoL and two other measures, SWEMWBS (Stewart-Brown et al., 2009; Tennant et al., 2007) and CORE-10 (Barkham et al., 2013), was assessed using Pearson's product-moment correlation coefficients and locally weighted scatterplot smoothing (LOWESS) techniques (Cleveland, 1979). The correlations of both ReQoL measures with the summative score of the SWEMWBS and CORE-10 were above 0.80 across all four diagnostic groups (common mental health disorders, schizophrenia and psychotic disorders, bipolar disorder and personality disorders) and 0.90 or more for the pooled data set suggesting a strong level of convergence. The ReQoL-20 correlations were very similar to those of the ReQoL-10, though overall slightly higher. All correlations were significant ($p < 0.01$) and in the expected direction. LOWESS showed that the concordance appeared good between the ReQoL-10 and the SWEMWBS and was better at the less severe end of the scale in both cases. The correlation between the ReQoL-10 and ReQoL-20 was 0.98 (Keetharuth et al., 2018a).

The ReQoL measures were able to distinguish between the general population sample and six diagnostic groups of depression, anxiety, schizophrenia, bipolar, personality, and other diagnoses as broadly defined by ICD-10 codes (WHO, 2010). The standardised effect sizes (SESs) show the differences were moderate for schizophrenia and other psychotic disorders and large for common mental health disorders, bipolar, personality and other mental health disorders. The SESs for ReQoL-20 were marginally higher than those for ReQoL-10. ReQoL scores distinguished between thresholds defined by the PHQ-9, GAD-7, and CORE-10. The highest SES was observed with CORE-10 cut-off and the lowest with GAD-7 score. The results comparing ReQoL-10 scores and SWEMWBS summative scores revealed higher SESs for ReQoL-10 in general. The head-to-head comparison between ReQoL-10 and EQ-5D-5L found the SESs to be markedly higher for ReQoL-10.

Responsiveness was assessed through the sensitivity to apparent changes in quality of life (Keetharuth et al., 2018a). In the absence of an objective measure of change, the responses of people reporting mental health problems to a quality-of-life transition item

that asked whether they thought their quality of life had stayed the same, improved (*somewhat or a lot*) or worsened (*somewhat or a lot*) since they last completed the questionnaire between 6 to 12 weeks ago was used. The proportions of responses at the worst scores were below 1% and less than 5% at the best level at both baseline and follow-up. The standardised response means for the ReQoL items were moderate for those reporting improvements in their health and those reporting deteriorations and < 0.20 for those reporting their health had remained the same. This was, however, in the absence of a clear intervention.

ReQoL-Utility Index (ReQoL-UI)

Preference weights have been estimated for the ReQoL measures so that quality-adjusted life years can be calculated for use in economic evaluation (Keetharuth et al., 2021). Study 2 results from the CFA and IRT analyses were used to derive a health state classification system and inform the selection of health states for utility assessment. The ReQoL-UI classification system comprises 6 mental health items and the physical health item (see Appendix 1) that had to be slightly reworded for the valuation survey. A valuation survey with 305 members of the UK public representative in terms of age, gender, and region was conducted using face-to-face interviewer administered time-trade-off (TTO) with props. Participants valued 64 states in total. As the ReQoL-UI mental health form a unidimensional MH component, with the physical health PH item constituting a second dimension, TTO values were regressed on the IRT-based mental health score –estimated through the expected a posteriori (EAP) approach – and dummy variables to represent four of the severity levels of the PH item. A series of regression models were fitted to the data, and the preferred model was a random effects model, with significant and consistent coefficients and best model fit. From the regression results, the importance attributed to both mental and physical health is clear, with 50% of the utility decrement being attributed to the severity of the mental health condition. Estimated utilities for the entire range of health

states ranged from -0.195 (state worse than dead) to 1.000 (best possible score) (Keetharuth et al., 2021). See section Preference weights below for the scoring algorithm.

Subsequent Evidence of Psychometric Properties

In a randomised trial (Franklin et al., 2021) of 361 people with anxiety/depression, ReQoL-10 had better construct validity with depression severity than the EQ-5D-5L. However, EQ-5D-5L had relatively better construct validity with anxiety severity than the ReQoL-10. The authors recommend ReQoL-10 over EQ-5D-5L where recovery-focused quality of life relative to condition-specific symptomology is the construct of interest (Franklin et al., 2021). The English version of ReQoL-10 was validated in with 300 people with first-episode psychosis in Singapore. The dimensionality was best reflected in a bifactor model as confirmed by CFA. The measure demonstrated good internal consistency and adequate construct validity. ReQoL-10 was able to distinguish between pre-identified known groups (Chua et al., 2021).

Translations of the ReQoL

PROMs are challenging documents to translate, as they do not provide information to a person, but rather extract information from them and revolve around sensitive and personal topics. Therefore, the need to develop a bespoke methodology arises. There has been a significant amount of research and discussion on the best methodology for the translation of clinical outcome assessments in general and PROMs specifically (Koller et al., 2012; Wild et al., 2005). Industry best practice to be followed for standard translation and linguistic validation contains 10 methodological steps (McKown et al., 2020). These are: (i) concept elaboration, (ii) dual forward translation, (iii) forward translation reconciliation, (iv) dual back translation versus back translation review, (vi) developer review, (vii) single independent proofreading, (viii) cognitive debriefing, (ix) cognitive debriefing review, and (x) second proofreading and quality check.

It is possible that a questionnaire in the target language (i.e., the language needed) already exists, but needs to be culturally adapted for another territory (review and linguistic validation). Then, the translation steps are replaced with an in-Country review step, where

the version is reviewed for its adequacy in the selected territory. All remaining steps are carried out subsequently until final approval and certification.

The most important aspect of the methodology is the cognitive debriefing step, where input from people with lived experience of mental health difficulties and services is sought. Here, the carefully prepared and developer-approved draft version is tested, and participants are encouraged to voice their feedback openly and directly. During these interviews, it becomes apparent whether the meaning is conveyed as clearly as intended or if any (further) cultural adaptations should be made. This step is the cornerstone of the methodology, as it ensures that every patient has access to the questionnaire in their mother tongue. For when it comes to healthcare, it is paramount to communicate in a language that is one's own.

All certified translations of the ReQoL have followed this strict methodology. They were approved by translators, proofreaders, the in-country investigator, the developer, at least five people with lived experience of mental health difficulties and services, and the project manager. However, such a robust methodology is very time-consuming and, unfortunately, very costly. Hence, a certified translation is not a possibility for every budget and timeline. To make the ReQoL available to a greater number of people from different cultural backgrounds, academics and individual practices are often authorised to perform their own translations. These translations are called non-certified and are carried out in close collaboration with a Linguistic Validation Manager and the instrument developers. The overview of the different languages ReQoL has been translated into to date is presented in Table 1, and the items in each version are in the Appendix.

Table 1 Overview of different versions of the ReQoL.

Language	Territory	Notes	Published paper
Bengali (Non-certified translation)	India	Translation available for ReQoL-10 only	(Roy et al., 2021)
Dutch (Certified translation)	Netherlands	Similar alpha	(van Aken et al., 2020)
English (Original **Version)**	United Kingdom		(Keetharuth et al., 2018a)

English (Certified translation)	United States		
French (Certified translation)	France		
French (Certified translation)	Canada		
German (Certified translation)	Germany	Alpha similar for ReQoL-20 but slightly lower for ReQoL-10	(Grochtdreis et al., 2020)
Gujarati (Non-certified translation)	India	Translation available for ReQoL-10 only	(Vankar et al., 2022)
Hebrew (Certified translation)	Israel		
Hindi (Non-certified translation)	India	Translation available for ReQoL-10 only	(Sethi et al., 2018)
Italian (Certified translation)	Italy		
Japanese (Certified translation)	Japan		
Kannada (Non-certified translation)	India	Translation available for ReQoL-10 only	(Basavarajappa & Kar, 2018)
Malayalam (Non-certified translation)	India	Translation available for ReQoL-10 only	(Joy et al., 2018)
Marathi (Non-certified translation)	India	Translation available for ReQoL-10 only	(Vankar et al., 2020)
Norwegian (Non-certified translation)	Norway		
Odia (Non-certified translation)	India	Translation available for ReQoL-10 only	(Kar & Patra, 2018)
Portuguese (Non-certified translation)	Portugal		
Russian (Certified translation)	Russia		

Russian (Certified translation)	Ukraine		
Simplified Chinese (Non-certified translation)	China		
Spanish (Certified translation)	Spain		
Spanish (Certified translation)	United States		
Swedish (Non-certified translation)	Sweden		(Granholm Valmari et al., 2023)
Tamil (Non-certified translation)	India	Translation available for ReQoL-10 only	(Tharoor et al., 2017)
Traditional Chinese (Non-certified translation)	Hong Kong	Dimensionality support Alpha lower for both measures	(Xu et al., 2021)
Ukrainian (Certified translation)	Ukraine		
Welsh (Certified translation)	Wales		

Psychometric properties of translated versions of the ReQoL

The Dutch version of the ReQoL measures were validated in a convenience sample of 62 students and 164 people with a psychotic disorder (van Aken et al., 2020). Both measures were found to be reliable, correlated well with other quality of life measures and was able to distinguish between scores of people who have psychiatric disorders and those who do not (van Aken et al., 2020).

The traditional Chinese version of the ReQoL measures were validated in a sample of 500 members of the general population in Hong Kong (Xu et al., 2021, 2022). CFA analysis supported a 2-factor structure. Satisfactory convergent validity was observed with other measures. Known-group validity confirmed that the ReQoL is able to differentiate between people by differences in mental health status. The ReQoL measures showed good internal and test-retest reliability (Xu et al., 2021, 2022).

The psychometric properties of the German version of the ReQoL measures assessed in 393 people with affective disorders in Germany were overall good. Internal reliability of ReQoL-20 was excellent and test-retest reliability was found to be moderate. ReQoL-20 was

strongly correlated with PHQ-9; the known-group validity of the ReQoL-20 using PHQ-9 cut-off points and the ReQoL measures were sensitive to treatment response and remission of symptoms measured by the PHQ-9 (Grochtdreis et al., 2022). A second validation of the German ReQoL measures was conducted in people with anxiety, obsessive-compulsive, stress-related, and somatoform disorders (*n* = 182) and in people with disorders of adult personality and behaviour (*n* = 180). The measures had overall good to excellent internal consistency, moderate to good test-retest reliability, good known-group validity, and were sensitive to treatment response and remission from symptoms (Grochtdreis et al., 2023).

Cultural considerations

Prior to its finalisation and publication, the draft version of the UK English ReQoL underwent a translatability assessment (Keetharuth et al., 2018b), a methodology (Acquadro et al., 2018) by which the proposed wording in a questionnaire is reviewed from two translation perspectives: linguistic and cultural. At first, the clarity, uniqueness, cultural appropriateness (ensuring that the items avoid terminology, behaviours, and objects that are only relevant to Western culture), and layout of the instrument were reviewed in English. After completion of this step, the draft version was then reviewed by linguists from a variety of selected target languages to assess whether certain phrases or words are difficult to translate and if the wording is appropriate from a cultural perspective. For example, items regarding relationships, independence, marriage, or items involving practices such as eating dinner or holding cutlery can be very challenging to translate, depending on the target language. Another consideration to be had is that English has a larger vocabulary than most other languages. Hence, it is key to ensure that all words are translatable. For example, the item in English – "I feel lonely (alone, isolated, cut-off)?" is challenging to translate as some languages might only one or two words that describe the sensation of loneliness.

During the translatability assessment, the ReQoL items underwent some changes to make them linguistically and culturally inclusive. Items of a difficult nature, as described above, were rephrased, or altered and led to less challenging translation projects. This was, for instance, noted by the academic team leading the translation into Bengali for India who

stated that "[i]t was appreciated that scale could be adapted easily to Bengali language and could be used in people with different ethnic and cultural background" (Roy et al., 2021 pp19).

However, a few general considerations and challenges are presented here. While the ReQoL measures use the simple past tense, other languages have opted for the present simple or present continuous. This is largely due to the grammatical conventions of each language and country and the perception of time through grammar. The recall period is sometimes adjusted to "7 days" rather than "over the last week", depending on the conventions of the target language (e.g., in the Hebrew translation). On translations into languages written from right to left, the table and scoring are inverted, to ensure correct administration and evaluation. When translating into Latin-based languages, grammatical genders may need to be accommodated when conjugating verbs/adjectives.

Although a translatability assessment had been carried out (Keetharuth et al., 2018b), some additional challenges were faced in a selection of the existing ReQoL translations. These have been extracted from the developer reviews and the internal translation documents and are presented below by language and question as developed in the English ReQoL measures.

Hebrew for Israel:

Q4 – "I could do the things I wanted to do"

During the translation process, it was brought to light that in Hebrew the difference between "could do" and "able to do" is much stronger than in English. Out of precaution that this might be interpreted as "I was allowed to do these things", during cognitive debriefing participants were asked about two different versions and unanimously decided that "I was able to carry out the things I wanted to do" was the best option.

Q6 – "I thought my life was not worth living"

In Hebrew, a direct and faithful translation of the English ("I thought there was no point in living") would render a very harsh interpretation, with all participants in cognitive debriefing relating this solely to suicidal thoughts. While the intent of the question is to touch upon that, it does not aim to be the sole interpretation. Therefore, after cognitive debriefing, the final translation reads the equivalent of "I thought that my life has no value".

Q14 – "I felt like a failure"

This item was translated as "I felt that I am failing in everything, and that I am disappointing" in Hebrew, which turned out to be a description of the intended meaning. A literal translation was avoided, due to it not being possible without making use of colloquialisms, which are generally circumvented to maintain the language register which dictates the style, tone and level of formality of the measure. However, in the interest of maintaining the same meaning and providing the participants with a translation that was intelligible for them, two versions were brought to cognitive debriefing, the above-mentioned translation and the colloquial one. The colloquial one, translated into "Heblish" (blend between Hebrew and English) was the one that participants preferred and ended up being used.

Italian for Italy:

Q16 – **"I felt terrified"**

Q17 – "I felt anxious"

In Italian, it is not possible to translate "terrified" and "anxious" as adjectives. Therefore, it was necessary to translate these items as "I felt terror" and "I felt anxiety".

Additional Q – "Please describe your physical health (problems with pain, mobility, difficulties caring for yourself or feeling physically unwell) over the last week"

In Italian, it is not common to include the reference to "please" and therefore it was omitted in the translation.

German for Germany:

Q17- "I felt anxious"

In German, it is difficult to find a translation for "anxious" and even for "anxiety". Therefore, here the solution was to translate it as "I feel uneasy".

Q14 – "I felt like a failure"

This was translated as "Ich fühle mich wie ein Versager", which would translate loosely into "I feel like a loser". In German, this does not have the colloquial feel that it has in English, enabling us to maintain the language register of the translation and conveying the intended meaning. The reason behind this solution being chosen is that there is no way to translate this directly as "failure", it is needed to use the noun "a failer".

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When localising an existing language version for another territory (review and linguistic validation), the changes can be minimal, but crucial. Below, we display a few nuances between three languages and three territories (English – UK vs. US; Spanish – Spain vs. US; French – France vs. Canada).

UK English vs. US English

Preamble – "For each of the following statements, please tick one box that best describes your thoughts, feelings and activities over the last week."

The most notable discrepancy between the UK English version (above) and the US English version is found in the preamble of the questionnaire. While in UK English the verb "tick" was chosen, in US English this is commonly adjusted to "check".

Spanish for Spain vs. US Spanish

Q8 – "I felt hopeful about my future"

Spanish for Spain: "Sentí esperanza por mi futuro"

US Spanish: "Me sentí esperanzado acerca de mi futuro"

A recurring difference between the Spanish for Spain and the US Spanish version is the transformation of a noun into an adjective or vice versa.

French for France vs. French for Canada

Q11 – "I did things I found rewarding"

French for France: "J'ai fait de choses que j'ai trouvées valorisantes"

French for Canada: "J'ai fait de choses que j'ai trouvées gratifiantes"

The only difference in the translation of this sentence was the translation of the word "rewarding". There was some discussion about the use of past and imperfect tenses in the two versions but, in the end, both tenses were equally acceptable highlighting that the grammar between France and Canada does not seem to vary much. The language use on the other hand does have some differences.

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Scoring Instructions

Recommended summative score

Given the unidimensional nature of the measures, a summative score for the mental health items can be computed. The physical item is not included in the summative score as it forms a separate dimension. To calculate a summative score, all the negatively worded items (items 1,3,6,9,12-14,16-18,20) need to be reverse scored so that higher levels always indicate better health-related quality of life. While in theory, the expected *a posteriori* scores estimated from the graded IRT models (Bock, 1997; Uebersax, 1993) can be more accurate, they carry a computational burden. As the ReQoL measures are used in clinical practice, it is recommended that a summative score is used (Keetharuth et al., 2018a).

ReQoL-10

Each item is scored from 'None of the time' to 'Most or all of the time'. In the ReQoL-10 measure, there are 6 positively worded items and 4 negatively worded items. The positively worded items (Q2, Q4, Q5, Q7, Q8 and Q10) are scored from 0 to 4. The scores of negatively worded items (Q1, Q3, Q6 and Q9) are reversed and are scored from 4 to 0. Reversing the scores of the negatively worded items ensure that all the items are scored in the same direction. The minimum score for ReQoL-10 is 0 and the maximum is 40, where 0 indicates poorest quality of life and 40 indicates the highest quality of life. If a single question is unanswered, the mean value of the other responses can be used to fill the gap. If more than one question is unanswered, then the overall score cannot be calculated. If respondents provide two answers to a single question, it is recommended that the lower quality of life response be adopted.

ReQoL-20

In the ReQoL-20 measure, there are 9 positively worded items (Q2, Q4, Q5, Q7, Q8, Q10, Q11, Q15 and Q19), scored from 0 to 4. The scores of the negatively worded items (Q1, Q3, Q6, Q9, Q12, Q13, Q14, Q16, Q17, Q18 and Q20) are reversed for the negatively worded items so they are scored from 4 to 0. Two overall scores can be computed from ReQoL-20. From

the first 10 items, the ReQoL-10 score can be calculated as described above. The remaining items 11-20 can be summed and added to the ReQoL-10 score to produce the ReQoL-20 overall score. In the case of ReQoL-20, the minimum score is 0 and the maximum is 80. If a single question is unanswered between items 11-20, the mean value of the other responses can be used to impute missing data. If more than one item is unanswered, then the overall score cannot be calculated. ReQoL-10 scores generated from the ReQoL-20 measure are directly comparable to scores obtained from the ReQoL-10 version.

Establishing a Minimum Important Difference (MID) score for the ReQoL measures

Reliable change measures whether a score has changed sufficiently so that the change is unlikely to be due to measurement unreliability. In other words, the minimum important difference (MID) refers to the smallest difference and/or change in QoL score that is considered clinically or practically important (Walters, 2009). We used three different methods to calculate the MID: standard error of change (Jacobson & Truax, 1992), global rate of change, and distribution-based approach. In the original formula by Jacobson and Truax (1991), the *z*-value of 1.96 associated with 95% confidence level was used. Given the brevity of the ReQoL measures, a *z*-value of 1.28 associated with 80% confidence level is recommended (Connell & Barkham, 2007; Wise, 2003, 2004). The results were consistent across all methods and different datasets. For ReQoL-10, scores must improve by 5 or more from pre- to post-intervention for a change to be deemed a reliable improvement. A change of less than 5 is not clinically meaningfully. For ReQoL-20, scores must improve by 10 or more from pre- to post-intervention for a change to be deemed a reliable improvement. A change of less than 10 is not clinically meaningfully.

Cut-off score between clinical and non-clinical populations

A cut-off score to discriminate between a general and a clinical population has been calculated (Keetharuth, 2018c). Different samples of healthy population with respondents with no mental health problems and general population was considered as the norm. It is therefore expected that their mean is higher than that of the clinical population. Analyses using various samples yielded similar results. For ReQoL-10, it is recommended that a cut-off score 24/25 is used where 24 and lower is within the clinical range and 25 and over is the

non-clinical range. For ReQoL-20, it is recommended that a cut-off score 49/50 is used where 49 and lower is within the clinical range and 50 and over is the non-clinical range.

Preference weights

To our knowledge, preference weights are currently only available for the UK. The utility scores comprise an IRT score generated from the graded response models for each possible health state and the coefficients of the model to estimate the preference weights. An algorithm is the only way to calculate utility scores and can be obtained in STATA and Excel from the ReQoL distributors.

Use of the Measures

The ReQoL measures are also being used nationally and internationally in routine mental health care but also in various studies and trials (Altunkaya et al., 2022; Franklin et al., 2022; Lindström et al., 2022; McEwan et al., 2019; Waite et al., 2020). Over 80% of the NHS mental health trusts hold a licence for the ReQoL measures and are using the ReQoL in some way in an attempt to improve care. ReQoL-10 has also been recommended as part of an international standard set of patient-reported outcome measures for psychotic disorders (McKenzie et al., 2022).

Implementation of the ReQoL as an outcome measure

A small team was set up by the ReQoL development team to support NHS services to meaningfully implement ReQoL to gather health outcomes and improve services for people with mental health difficulties (National Institute for Health Research, 2019). The National Institute for Health Research funded this implementation work through their network of applied research collaborations. The implementation team organised three national events. The first took place at the ReQoL launch event in 2016 at the Houses of Parliament. The second event was in 2018 and focused on the development of a ReQoL Community of Practice (CoP) and the priorities for the CoP (Taylor Buck et al., 2020). The third face-to-face event, which took place in 2019, focused on synergies between ReQoL and the CHIME recovery framework, and how both can be used to support recovery-focused services. During the COVID lockdown, implementation support moved away from face-to-face events, and digital options were explored. These included online presentations to teams and

services wanting to implement ReQoL, collaborating on an implementation podcast (Taylor Buck, 2021a), and creating an online tool that could produce visualisations of ReQoL scores (Taylor Buck, 2021b), which was a priority identified by participants at the ReQoL CoP event. The team also produced guidance to collect ReQoL by telephone.

The challenges relating to ReQoL implementation have been many and varied, with two recurring themes. First, there are a number of different electronic patient record systems across the NHS providers of mental health services. This leads to duplication of efforts and dedicated resources to embed ReQoL into a system. Many of the systems do not have patient interfaces, which also means that the measures are still being completed by service users on paper and then input onto the electronic system by clinicians or administrators. The second recurring theme relates to a wariness from practising clinicians to collect information purely to "feed the data monster", which is how centrally driven initiatives are sometimes viewed. It has therefore been essential that implementation work focuses on how ReQoL can be used as a therapeutic tool, to structure important clinical conversations, inform patient-centred care planning, and ensure that clinicians and services pay attention to the issues that matter most to service users.

Roll-out of ReQoL as an outcome measure within the NHS

On a national stage, ReQoL was included in the Mental Health Services Data Set (MHSDS) in the UK to support the national understanding of mental health outcomes. This resulted in ReQoL being included in the Commissioning for Quality and Innovation (CQUIN) framework (NHS, 2022), an initiative intended to reward excellence, encouraging a culture of continuous quality improvement, whilst delivering better outcomes for people using the services. In 2022, the NHS Community Mental Health Outcome Measurement programme (Taylor Buck & Lane, 2022) established a task and finish group to support a consistent approach to measuring routine outcomes. The group recommended three PROMs for use in Community Mental Health services for adults, one of which was the ReQoL-10. The goal set was for Community Mental Health Services to embed all three recommended PROMs in their pathways and systems with planned analysis of the data nationally through MHSDS along with the development of supporting resources (Taylor Buck & Lane, 2022).

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Conclusion

The ReQoL measures, the ReQoL-10 and the ReQoL-20, have been designed to measure mental health-related quality of life and recovery for people experiencing mental health difficulties aged 16 and over. To date, the measures have been translated into 28 languages following a robust and best-practice methodology. Users of the ReQoL measures are required to apply for a licence online from the ReQoL distributors. The ReQoL measures are free to use for publicly funded services and for publicly funded research, otherwise licence fees may apply. The scales are easy to administer and score. The ReQoL measures have promising preliminary psychometric properties and further psychometric studies are warranted in English and other languages. A set of preference weights is available for the UK to allow the computation of a utility score which, in turn, can be used to calculate quality-adjusted life years for use in economic evaluation.

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Index (Include index terms clearly highlighted in green throughout the chapter: 1–2 per manuscript page).

Recovering Quality of life, ReQoL, mental health, translatability assessment, lived experience, IRT, PPI, PPIE, Preference weights, ReQoL-UI, ReQoL-10, ReQoL-20, time-trade-off, TTO, linguistic validation, culturally adapted, developer review, minimum important difference, MID, cut-off score, routine mental health, implementation, community of practice

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Appendix 1

UK English (ORIGINAL)		
Preamble	Theme	For each of the following statements, please tick one box that best describes your thoughts, feelings and activities **over the last week**.
Recall period		**Over the last week**
Answer Option 1		None of the time
Answer Option 2		Only occasionally
Answer Option 3		Sometimes
Answer Option 4		Often
Answer Option 5		Most or all of the time
[N]Question 1	Activity	I found it difficult to get started with everyday tasks
Question 2	Belonging and relationships	I felt able to trust others
[N]*Question 3	Choice and autonomy	I felt unable to cope
Question 4	Choice and autonomy	I could do the things I wanted to do
*Question 5	Well-being	I felt happy
[N]*Question 6	Hope	I thought my life was not worth living
*Question 7	Activity	I enjoyed what I did
Question 8	Hope	I felt hopeful about my future
[N]* Question 9	Belonging and relationships	I felt lonely
*Question 10	Self-perception	I felt confident in myself
Question 11	Activity	I did things I found rewarding
[N]Question 12	Activity	I avoided things I needed to do
[N]Question 13	Well-being	I felt irritated
[N]Question 14	Self-perception	I felt like a failure
Question 15	Choice and autonomy	I felt in control of my life
[N]Question 16	Well-being	I felt terrified
[N]Question 17	Well-being	I felt anxious
[N]Question 18	Well-being	I had problems with my sleep
Question 19	Well-being	I felt calm
[N]Question 20	Well-being	I found it hard to concentrate
[N]*Physical health item	Physical Health	Please describe your **physical** health (problems with pain, mobility, difficulties caring for yourself or feeling physically unwell) **over the last week**
Answer Option 1		No problems
Answer Option 2		Slight problems
Answer Option 3		Moderate problems
Answer Option 4		Severe problems
Answer Option 5		Very severe problems

Note: The first 10 items and the physical health item make up the ReQoL-10 measure.
* Items used in the ReQoL-UI; [N] – negatively worded items whose score need to be reversed (scored from 4 to 0). The remaining positively worded items are scored from 0 to 4

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Appendix 2

This appendix contains the wording of all the translated versions.

Bengali for India	
Preamble	নিম্ন লিখিত বাক্যগুলির প্রতিটির জন্য একটি বাক্সে টিক দিন যেটা **গত সপ্তাহে** আপনার চিন্তা, অনুভুতি বা আচরণকে সবচেয়ে ঠিকভাবে ব্যাখ্যা করে।
Recall period	**গত সপ্তাহে**
Answer Option 1	কখনো না
Answer Option 2	শুধু কদাচিৎ
Answer Option 3	কখনো কখনো
Answer Option 4	প্রায়ই
Answer Option 5	অধিকাংশ বা সব সময়
Question 1	রোজকার কাজকর্ম শুরু করতে আমার অসুবিধে হয়েছে ।
Question 2	আমার মনে হয় আমি অন্যদের উপর ভরসা রাখতে পেরেছিলাম ।
Question 3	আমি মানিয়ে নিতে পারছিলাম না ।
Question 4	আমি যা যা করতে চেয়েছিলাম, তা করতে পেরেছিলাম ।
Question 5	আমি খুশী ছিলাম ।
Question 6	আমার মনে হয়েছিলো আমার জীবন বেঁচে থাকবার যোগ্য নয় ।
Question 7	আমি যা যা করেছিলাম, তা ভালো লেগেছিলো।
Question 8	আমি আমার ভবিষ্যত সম্পর্কে আশাবাদী ছিলাম ।
Question 9	আমার একলা লাগছিল ।
Question 10	আমার নিজেকে নিয়ে আত্মবিশ্বাসী লাগছিলো ।
Physical health item	দয়া করে **গত সপ্তাহে** আপনার **শারীরিক** স্বাস্থ্য কেমন ছিল) যন্ত্রণা, নড়াচড়ার সমস্যা, নিজের যত্ন নিতে অসুবিধে হওয়া বা শারীরিক ভাবে অসুস্থ্য বোধ করা (তা জানান। ।
Answer Option 1	কোনো সমস্যা ছিল না
Answer Option 2	অল্প সমস্যা ছিল
Answer Option 3	মাঝারি সমস্যা ছিল
Answer Option 4	বেশ কঠিন সমস্যা ছিল
Answer Option 5	মারাত্মক সমস্যা ছিল
Dutch for Netherlands	
Preamble	Vink voor elk van de volgende stellingen één vakje aan dat uw gedachten, gevoelens en activiteiten het beste beschrijft **tijdens de afgelopen week**.
Recall period	**Tijdens de afgelopen week**
Answer Option 1	Nooit
Answer Option 2	Zelden
Answer Option 3	Soms
Answer Option 4	Vaak

Answer Option 5	Meestal of altijd
Question 1	Ik vond het moeilijk om aan mijn dagelijkse taken te beginnen
Question 2	Ik voelde mij in staat om anderen te vertrouwen
Question 3	Ik had het gevoel dat ik de dingen niet aankon
Question 4	Ik kon de dingen doen die ik wilde doen
Question 5	Ik voelde mij gelukkig
Question 6	Ik vond mijn leven niet de moeite waard
Question 7	Ik genoot van wat ik deed
Question 8	Ik voelde mij hoopvol over mijn toekomst
Question 9	Ik voelde mij eenzaam
Question 10	Ik voelde mij zelfverzekerd
Question 11	Ik deed dingen die ik de moeite waard vond
Question 12	Ik vermeed dingen die ik moest doen
Question 13	Ik voelde mij geïrriteerd
Question 14	Ik voelde mij een mislukkeling
Question 15	Ik voelde mij in controle over mijn leven
Question 16	Ik was doodsbang
Question 17	Ik voelde mij angstig
Question 18	Ik had slaapproblemen
Question 19	Ik voelde mij kalm
Question 20	Ik vond het moeilijk om mij te concentreren
Physical health item	Beschrijf uw **fysieke** gezondheid (problemen met pijn, mobiliteit, moeilijkheden voor uzelf te zorgen of u fysiek niet lekker voelen) **in de afgelopen week**.
Answer Option 1	Geen problemen
Answer Option 2	Geringe problemen
Answer Option 3	Matige problemen
Answer Option 4	Ernstige problemen
Answer Option 5	Zeer ernstige problemen
US English	
Preamble	For each of the following statements, please check one box that best describes your thoughts, feelings and activities **over the last week**.
Recall period	**Over the last week**
Answer Option 1	None of the time
Answer Option 2	Only occasionally
Answer Option 3	Sometimes
Answer Option 4	Often
Answer Option 5	Most or all of the time
Question 1	I found it difficult to get started with everyday tasks
Question 2	I felt able to trust others
Question 3	I felt unable to cope
Question 4	I could do the things I wanted to do
Question 5	I felt happy
Question 6	I thought my life was not worth living
Question 7	I enjoyed what I did
Question 8	I felt hopeful about my future
Question 9	I felt lonely
Question 10	I felt confident in myself

Question 11	I did things I found rewarding
Question 12	I avoided doing things I needed to do
Question 13	I felt irritated
Question 14	I felt like a failure
Question 15	I felt in control of my life
Question 16	I felt terrified
Question 17	I felt anxious
Question 18	I had problems sleeping
Question 19	I felt calm
Question 20	I found it hard to concentrate
Physical health item	Please describe your **physical** health (problems with pain, mobility, difficulties caring for yourself or feeling physically unwell) **over the last week**
Answer Option 1	No problems
Answer Option 2	Slight problems
Answer Option 3	Moderate problems
Answer Option 4	Severe problems
Answer Option 5	Very severe problems

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French for France	
Preamble	Pour chacun des énoncés suivants, veuillez cocher la case qui décrit le mieux vos pensées, vos sentiments et vos activités **au cours de la dernière semaine**.
Recall period	**Au cours de la dernière semaine**
Answer Option 1	Jamais
Answer Option 2	À l'occasion seulement
Answer Option 3	Parfois
Answer Option 4	Souvent
Answer Option 5	La plupart du temps ou toujours
Question 1	J'ai trouvé difficile d'entreprendre des tâches quotidiennes
Question 2	Je me suis senti(e) capable de faire confiance aux autres
Question 3	J'ai senti que je n'en pouvais plus
Question 4	J'ai pu faire les choses que je voulais faire
Question 5	Je me suis senti(e) heureux(-se)
Question 6	J'ai pensé que ma vie ne valait pas la peine d'être vécue
Question 7	J'ai pris plaisir à ce que j'ai fait
Question 8	Je me suis senti(e) plein(e) d'espoir pour mon avenir
Question 9	Je me suis senti(e) seul(e)
Question 10	J'avais confiance en moi
Question 11	J'ai fait des choses que j'ai trouvées valorisantes
Question 12	J'ai évité les choses que je devais faire
Question 13	Je me suis senti(e) irrité(e)
Question 14	Je me suis senti(e) nul(le)
Question 15	Je me suis senti(e) en contrôle de ma vie
Question 16	Je me suis senti(e) terrifié(e)
Question 17	Je me suis senti(e) anxieux(-se)
Question 18	J'ai eu des problèmes de sommeil
Question 19	Je me suis senti(e) calme
Question 20	J'ai trouvé difficile de me concentrer
Physical health item	Veuillez décrire votre santé **physique** (problèmes de douleur, de mobilité, difficultés à prendre soin de vous ou vous sentir mal physiquement) **au cours de la dernière semaine**
Answer Option 1	Aucun problème
Answer Option 2	Légers problèmes
Answer Option 3	Problèmes modérés
Answer Option 4	Problèmes graves
Answer Option 5	Problèmes très graves
French for Canada	
Preamble	Pour chacun des énoncés suivants, veuillez cocher la case qui décrit le mieux vos pensées, vos sentiments et vos activités **au cours de la dernière semaine**.
Recall period	**Au cours de la dernière semaine**
Answer Option 1	Jamais
Answer Option 2	À l'occasion seulement
Answer Option 3	Parfois
Answer Option 4	Souvent
Answer Option 5	La plupart du temps ou toujours

Question 1	J'ai trouvé difficile d'entreprendre des tâches quotidiennes
Question 2	Je me sentais capable de faire confiance aux autres
Question 3	Je sentais que je n'en pouvais plus
Question 4	Je pouvais faire les choses que je voulais faire
Question 5	Je me sentais heureux(euse)
Question 6	Je pensais que ma vie ne valait pas la peine d'être vécue
Question 7	J'ai pris plaisir à ce que j'ai fait
Question 8	Je me sentais plein(e) d'espoir pour mon avenir
Question 9	Je me sentais seul(e)
Question 10	J'avais confiance en moi
Question 11	J'ai fait des choses que j'ai trouvées gratifiantes
Question 12	J'ai évité les choses que je devais faire
Question 13	Je me sentais irrité(e)
Question 14	Je me sentais nul(le)
Question 15	Je me sentais en contrôle de ma vie
Question 16	Je me sentais terrifié(e)
Question 17	Je me sentais anxieux(euse)
Question 18	J'avais des problèmes de sommeil
Question 19	Je me sentais calme
Question 20	J'ai trouvé difficile de me concentrer
Physical health item	Veuillez décrire votre santé **physique** (problèmes de douleur, de mobilité, difficultés à prendre soin de vous ou vous sentir mal physiquement) **au cours de la dernière semaine**
Answer Option 1	Aucun problème
Answer Option 2	Légers problèmes
Answer Option 3	Problèmes modérés
Answer Option 4	Problèmes graves
Answer Option 5	Problèmes très graves
German for Germany	
Preamble	Kreuzen Sie bitte für jede der folgenden Aussagen das Kästchen an, das Ihre Gedanken, Gefühle und Tätigkeiten **in der letzten Woche** am besten beschreibt.
Recall period	**In der letzten Woche**
Answer Option 1	Nie
Answer Option 2	Nur vereinzelt
Answer Option 3	Manchmal
Answer Option 4	Oft
Answer Option 5	Meistens oder immer
Question 1	Ich fand es schwierig, mit alltäglichen Aufgaben zu beginnen
Question 2	Ich fühlte mich in der Lage, anderen zu vertrauen
Question 3	Ich fühlte mich nicht in der Lage, meinen Alltag zu bewältigen
Question 4	Ich konnte die Dinge tun, die ich wollte
Question 5	Ich fühlte mich glücklich
Question 6	Ich fand mein Leben nicht lebenswert
Question 7	Ich hatte Spaß an dem, was ich tat
Question 8	Ich verspürte Hoffnung für meine Zukunft
Question 9	Ich fühlte mich einsam
Question 10	Ich hatte Selbstvertrauen
Question 11	Ich habe Dinge gemacht, die ich bereichernd fand

Question 12	Ich habe Dinge vermieden, die ich hätte tun müssen
Question 13	Ich fühlte mich gereizt
Question 14	Ich fühlte mich wie ein Versager
Question 15	Ich hatte das Gefühl, mein Leben im Griff zu haben
Question 16	Ich hatte entsetzliche Angst
Question 17	Ich fühlte mich beunruhigt
Question 18	Ich hatte Probleme mit dem Schlafen
Question 19	Ich fühlte mich ruhig und gelassen
Question 20	Ich fand es schwierig, mich zu konzentrieren
Physical health item	Beschreiben Sie bitte Ihren **körperlichen** Gesundheitszustand **in der letzten Woche** (Probleme mit Schmerzen oder mit der Beweglichkeit, Schwierigkeiten mit der Körperpflege oder körperliches Unwohlsein)
Answer Option 1	Keine Probleme
Answer Option 2	Leichte Probleme
Answer Option 3	Mäßige Probleme
Answer Option 4	Große Probleme
Answer Option 5	Sehr große Probleme
Gujarati for India	
Preamble	નીચેના દરેક વિધાન માટે **છેલ્લા એક અઠવાડિયા દરમ્યાન** તમારા વિચારો, લાગણીઓ અને પ્રવૃત્તિઓ ખાસ વર્ણવતા બોક્સ ઉપર નિશાન કરો.
Recall period	**છેલ્લા અઠવાડિયા દરમ્યાન**
Answer Option 1	**ક્યારેય ન**
Answer Option 2	**ભાગ્યે જ**
Answer Option 3	**ક્યારેક**
Answer Option 4	**મોટે ભાગે**
Answer Option 5	**હંમેશા/દરેક વખત**
Question 1	મને રોજબરોજની પ્રવૃત્તિઓ શરૂ કરવામાં મુશ્કેલી લાગી.
Question 2	હું બીજાઓ ઉપર વિશ્વાસ મૂકી શક્યો.
Question 3	મને લાગ્યું કે સંજોગોને પહોંચી વળવાનું મુશ્કેલ છે
Question 4	હું ઈચ્છતો હતો એ કામ કરી શક્યો.
Question 5	હું ખુશ હતો
Question 6	મારું જીવન જીવવા જેવું નથી, એવા વિચારો આવતા હતાં.
Question 7	હું જે કામ કરતો હતો એમાં મને મજા આવતી હતી.
Question 8	હું મારા ભવિષ્ય વિશે આશાવાદી હતો.
Question 9	હું એકલતા અનુભવતો હતો.
Question 10	હું આત્મવિશ્વાસ અનુભવતો હતો.
Physical health item	**છેલ્લા એક અઠવાડિયા દરમ્યાન** તમારા શારીરિક સ્વાસ્થ્યનું વર્ણન કરો(દુ:ખાવો , હલનચલનમાં તકલીફ, પોતાની સારસંભાળ લેવામાં તકલીફ કે શરીર ઠીક નથી એમ લાગવું.
Answer Option 1	કોઈ સમસ્યા નહીં
Answer Option 2	થોડી સમસ્યા
Answer Option 3	થોડી વધારે સમસ્યા
Answer Option 4	ખીબ સમસ્યા
Answer Option 5	ખૂબ વધારે સમસ્યા
Hebrew for Israel	

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Preamble	היזכר/י במחשבותיך, ברגשותיך ובפעולות שביצעת **בשבעת הימים האחרונים**. לגבי כל אחד מהמשפטים הבאים, סמן/סמני בתיבה שמתאימה באופן הטוב ביותר לתיאורם.
Recall period	**בשבעת הימים האחרונים**
Answer Option 1	אף פעם
Answer Option 2	לעתים רחוקות
Answer Option 3	לפעמים
Answer Option 4	לעתים קרובות
Answer Option 5	רוב הזמן או כל הזמן
Question 1	היה לי קשה להתחיל בביצוע משימות יומיומיות
Question 2	הרגשתי מסוגל/ת לבטוח באנשים אחרים
Question 3	הרגשתי שלא הייתי מסוגל/ת להתמודד
Question 4	הייתי מסוגל/ת לבצע את הדברים שרציתי לעשות
Question 5	הרגשתי שמח/ה
Question 6	חשבתי שלחיי לא היה ערך
Question 7	נהניתי ממה שעשיתי
Question 8	הרגשתי תקווה לגבי העתיד שלי
Question 9	הרגשתי בדידות
Question 10	הרגשתי שהיה לי ביטחון עצמי
Question 11	הדברים שעשיתי גרמו לי לסיפוק ולהנאה
Question 12	נמנעתי מביצוע הדברים שהייתי צריך/צריכה לעשות
Question 13	הרגשתי מוטרד/ת ונרגז/ת
Question 14	הרגשתי שאני "בישלון"
Question 15	הרגשתי שיש לי שליטה בחיי
Question 16	הרגשתי בהלה ואימה
Question 17	הרגשתי חרדה
Question 18	היו לי בעיות בשינה
Question 19	הרגשתי רגוע/ה
Question 20	היו לי קשיי ריכוז
Physical health item	בחר/י באפשרות שמתארת באופן הטוב ביותר את מצב בריאותך **הגופנית** (למשל, כאבים, קשיי ניידות, קושי לדאוג לצרכיך, או תחושת חולי פיזי) **בשבעת הימים האחרונים**
Answer Option 1	לא היו בעיות
Answer Option 2	בעיות קלות
Answer Option 3	בעיות מתונות
Answer Option 4	בעיות חמורות
Answer Option 5	בעיות חמורות מאוד
Hindi for India	
Preamble	नीचे लिखे गए कथनों के सामने दिये गए उस एक खाने पर सही (√)का निशान लगाएं जो **फिछले एक सप्ताह** में आपके विचारों , मन और कार्यविधियों को सबसे अच्छी तरह से व्यक्त करता है :
Recall period	फिछले सप्ताह
Answer Option 1	कभी नहीं
Answer Option 2	कभी कभार
Answer Option 3	कभी कभी
Answer Option 4	अक्सर
Answer Option 5	ज्यादातर/हर समय
Question 1	मुझे रोज के कामों को शुरू करने मैं कठिनाई महसूस हुई ।

Question 2	मै दूसरों पर भरोसा कर सका।
Question 3	मुझे हालात सहन करने में मुश्किल हुई।
Question 4	में जो चाहता था वो कर सका।
Question 5	मैंने ख़ुशी का अनुभव किया।
Question 6	मुझे लगा कि मेरा जीवन जीने लायक नहीं हैं।
Question 7	मैंने जो भी किया मज़े से किया।
Question 8	मुझे लगा कि मेरा आगे आने वाला समय अच्छा होगा।
Question 9	मैंने अपने आपको अकेला पाया।
Question 10	मुझे अपने आप पर पूरा भरोसा था।
Physical health item	कृपया बताएं की फिछले एक सप्ताह में आपका **शारीरिक** स्वास्थय कैसा रहा (दर्द होना, चलने फिरने और अपनी देखभाल करने में दिक्कत होना या शारीरिक रूप से अस्वस्थ महसूस करना)
Answer Option 1	कोई दिक्कत नहीं
Answer Option 2	हल्की फुल्की दिक्कत
Answer Option 3	ज़्यादा दिक्कत
Answer Option 4	बहुत ज्यादा दिक्कत
Answer Option 5	अत्याधिक दिक्कत
Italian for Italy	
Preamble	Per ciascuna delle seguenti affermazioni, spunti la casella che descrive meglio quelli che sono stati i Suoi pensieri, i Suoi sentimenti e le Sue attività **nell'ultima settimana**.
Recall period	**Nell'ultima settimana**
Answer Option 1	Mai
Answer Option 2	Solo occasionalmente
Answer Option 3	A volte
Answer Option 4	Spesso
Answer Option 5	Per la maggior parte del tempo o sempre
Question 1	Ho trovato difficile iniziare a svolgere le mansioni quotidiane
Question 2	Mi sono sentito/a in grado di fidarmi degli altri
Question 3	Mi sono sentito/a incapace di affrontare le cose
Question 4	Sono stato/a in grado di fare le cose che volevo fare
Question 5	Mi sono sentito/a felice
Question 6	Ho pensato che non valesse la pena vivere
Question 7	Mi è piaciuto quello che ho fatto
Question 8	Ho sentito di avere fiducia nel mio futuro
Question 9	Mi sono sentito/a solo/a
Question 10	Mi sono sentito/a sicuro/a di me
Question 11	Ho fatto cose che trovavo gratificanti
Question 12	Ho evitato le cose che dovevo fare
Question 13	Mi sono sentito/a irritato/a
Question 14	Mi sono sentito/a un/a fallito/a
Question 15	Ho sentito di avere il controllo della mia vita
Question 16	Ho provato terrore
Question 17	Ho provato ansia
Question 18	Ho avuto problemi di sonno
Question 19	Mi sono sentito/a tranquillo/a
Question 20	Ho avuto difficoltà a concentrarmi

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Physical health item	Descriva la Sua salute **fisica** (problemi relativi a dolore, mobilità, difficoltà a prendersi cura di se stessi o non sentirsi bene fisicamente) **nell'ultima settimana**
Answer Option 1	Nessun problema
Answer Option 2	Problemi leggeri
Answer Option 3	Problemi moderati
Answer Option 4	Problemi gravi
Answer Option 5	Problemi molto gravi
Japanese for Japan	
Preamble	下記の各設問について、**この1週間**のあなたの考えや気持ち、活動に最も適切と思われるボックスに1つずつ印をつけてください。
Recall period	**この1週間**
Answer Option 1	一度もない
Answer Option 2	たまに
Answer Option 3	ときどき
Answer Option 4	しばしば
Answer Option 5	ほとんど常に、または常に
Question 1	日々の作業に取り掛かるのが難しかった
Question 2	他者を信頼できると感じた
Question 3	うまく対処できないと感じた
Question 4	やりたかったことができた
Question 5	幸せだと感じた
Question 6	私の人生には生きている価値がないと思った
Question 7	したことを楽しんだ
Question 8	自分の将来について希望を持った
Question 9	寂しいと感じた
Question 10	自分自身に自信を持った
Question 11	やりがいのあることをした
Question 12	しなければならないことを避けた
Question 13	イライラした
Question 14	自分はダメな人間だと思った
Question 15	自分の人生をコントロールできていると感じた
Question 16	おびえていた
Question 17	不安だった
Question 18	睡眠に問題があった
Question 19	穏やかな気持ちだった
Question 20	集中するのが難しかった
Physical health item	**この1週間**のあなたの**体調**(痛み、移動性の問題、自分の身の回りの世話が難しいことまたは活動制限)について教えてください
Answer Option 1	問題なし
Answer Option 2	軽度の問題
Answer Option 3	中程度の問題
Answer Option 4	深刻な問題
Answer Option 5	非常に深刻な問題
Kannada for India	
Preamble	ಈ ಕೆಳಕಂಡ ಪ್ರತಿಯೊಂದು ಹೇಳಿಕೆಗಳಿಗೂ ,ಕಳೆದ ಒಂದು ವಾರದಲ್ಲಿ ನಿಮ್ಮ ಆಲೋಚನೆಗಳು ,ಭಾವನೆಗಳು ಮತ್ತು ಚಟುವಟಿಕೆಗಳನ್ನು ಅತ್ಯುತ್ತಮವಾಗಿ ವಿವರಿಸುವ ಒಂದು ಚೌಕದಲ್ಲಿ ಸಹಿ ಚಿನ್ಹೆಯನ್ನು ಹಾಕಿ.

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Recall period	**ಕಳೆದ ವಾರದಲ್ಲಿ**
Answer Option 1	**ಯಾವ ಸಮಯದಲ್ಲೂ ಇಲ್ಲ**
Answer Option 2	**ಯಾವಾಗಲೋ ಒಮ್ಮೆ**
Answer Option 3	ಕೆಲವೊಮ್ಮೆ
Answer Option 4	ಆಗಾಗ್ಗೆ
Answer Option 5	**ಬಹಳ ಸಲ ಅಥವಾ ಯಾವಾಗಲೂ**
Question 1	ನನಗೆ ಕಂಡುಬಂದಂತೆ ದಿನನಿತ್ಯದ ಚಟುವಟಿಕೆಗಳನ್ನು ಪ್ರಾರಂಭಿಸಲು ನನಗೆ ಕಷ್ಟಕರವಾಗಿದೆ
Question 2	ನನಗೆ ಇತರರನ್ನು ನಂಬಲು ಸಾಧ್ಯ ಎಂದು ಭಾವಿಸಿದೆ
Question 3	ನನಗೆ ನಿಭಾಯಿಸಲು ಸಾಧ್ಯವಿಲ್ಲ ಎಂದು ಭಾವಿಸಿದೆ
Question 4	ನಾನು ಮಾಡಬೇಕೆಂದುಕೊಂಡ ವಿಷಯಗಳನ್ನು ಮಾಡಿದ್ದೇನೆ
Question 5	ನನಗೆ ಸಂತೋಷವಾಯಿತು
Question 6	ನನ್ನ ಜೀವನ ಜೀವಿಸಲು ಯೋಗ್ಯವಲ್ಲ ಎಂದುಕೊಂಡೆ
Question 7	ನಾನು ಏನು ಮಾಡಿದೆನೋ ಅದನ್ನು ಆನಂದಿಸಿದೆ
Question 8	ನನ್ನ ಭವಿಷ್ಯದ ಬಗ್ಗೆ ಭರವಸೆ ಇದೆ ಎಂದು ನಾನು ಭಾವಿಸಿದೆ
Question 9	ನಾನು ಒಬ್ಬಂಟಿ ಎಂದು ಭಾವಿಸಿದೆ
Question 10	ನನ್ನಲ್ಲಿ ನನಗೆ ಆತ್ಮವಿಶ್ವಾಸ ಇದೆ ಎಂದು ಭಾವಿಸಿದೆ
Physical health item	ಕಳೆದ ವಾರದಲ್ಲಿನ ನಿಮ್ಮ ದೈಹಿಕ ಆರೋಗ್ಯದ ಬಗ್ಗೆ ವಿವರಿಸಿ (ನೋವು, ಚಲನಶೀಲತೆ/ಅತ್ತಿತ್ತ ನಡೆದಾಡುವುದು, ನಿಮ್ಮನ್ನು ನೀವೇ ಕಾಳಜಿ ಮಾಡಿಕೊಳ್ಳಲು/ನೋಡಿಕೊಳ್ಳಲು ತೊಂದರೆಗಳು ಅಥವಾ ದೈಹಿಕ ಅನಾರೋಗ್ಯದ ಭಾವನೆ)
Answer Option 1	**ಯಾವ ತೊಂದರೆಯೂ ಇಲ್ಲ**
Answer Option 2	**ಸ್ವಲ್ಪ ತೊಂದರೆ**
Answer Option 3	**ಮಿತವಾದ ತೊಂದರೆ**
Answer Option 4	**ತೀವ್ರವಾದ ತೊಂದರೆ**
Answer Option 5	**ಅತ್ಯಂತ ತೀವ್ರವಾದ ತೊಂದರೆ**
Malayalam for India	
Preamble	**കഴിഞ്ഞ ആഴ്ചയിലെ** താങ്കളുടെ മാനസികാവസ്ഥയും പ്രവൃത്തികളും കണക്കിലെടുത്ത്, ഓരോ പ്രസ്താവനയ്ക്കും ഉചിതമായ വിവരണം തെരഞ്ഞെടുക്കുക.
Recall period	**കഴിഞ്ഞ ആഴ്ചയിൽ**
Answer Option 1	ഒരിക്കലും ഇല്ല
Answer Option 2	വല്ലപ്പോഴും മാത്രം
Answer Option 3	ചിലപ്പോ-ളൊക്കെ

Answer Option 4	പലപ്പോഴും
Answer Option 5	ഒരു വിധം എല്ലായ്പ്പോഴും തന്നെ
Question 1	ദൈനംദിന കാര്യങ്ങൾ ചെയ്ത് തുടങ്ങുവാൻ എനിക്ക് പ്രയാസം ഉണ്ടായിരുന്നു.
Question 2	മറ്റുള്ളവരെ വിശ്വസിക്കാൻ എനിക്ക് സാധിച്ചു.
Question 3	എനിക്കൊന്നിനോടും പൊരുത്തപ്പെടാൻ കഴിയില്ലെന്ന് തോന്നി.
Question 4	വിചാരിച്ച കാര്യങ്ങൾ എനിക്ക് ചെയ്യാൻ പറ്റി.
Question 5	എനിക്ക് സന്തോഷം ആയിരുന്നു.
Question 6	ജീവിക്കേണ്ടതേയില്ല എന്നെനിക്കു തോന്നി.
Question 7	ചെയ്ത കാര്യങ്ങളെല്ലാം ഞാൻ ആസ്വദിച്ചിരുന്നു.
Question 8	എൻറെ ഭാവിയെ പറ്റി ശുഭപ്രതീക്ഷ ഉണ്ടായിരുന്നു.
Question 9	ഞാൻ ഒറ്റക്കാണെന്നു തോന്നി.
Question 10	എനിക്ക് ആത്മവിശ്വാസം ഉണ്ടായിരുന്നു.
Physical health item	**കഴിഞ്ഞ ആഴ്ചയിലെ** താങ്കളുടെ **ശാരീരികാരോഗ്യം** (വേദനകൾ,ശരീരം അനക്കാനുള്ള പ്രശ്നങ്ങൾ, സ്വയം ശ്രദ്ധിക്കാനുള്ള ബുദ്ധിമുട്ടുകൾ ശാരീരികാസ്വാസ്ഥ്യങ്ങൾÄ എങ്ങനെയുണ്ടായിരുന്നു?
Answer Option 1	പ്രശ്നങ്ങളില്ല
Answer Option 2	നേരിയ പ്രശ്നങ്ങൾ മാത്രം
Answer Option 3	മിതമായ പ്രശ്നങ്ങൾ
Answer Option 4	തീവ്രമായ പ്രശ്നങ്ങൾ
Answer Option 5	അതിതീവ്ര-മായ പ്രശ്നങ്ങൾ
Marathi for India	
Preamble	या प्रत्येक वाक्यासाठी कृपया जे उत्तर तुमचा विचार, भावना व प्रकृतीला **मागील आठवाडयातील** समर्पक असेत त्यावर बरोबरच चिह्न लावा.
Recall period	**मागील आठवाडयातील**
Answer Option 1	कधीच नाही
Answer Option 2	क्वचित
Answer Option 3	कधी कधी
Answer Option 4	काही वेळा
Answer Option 5	अनेक वेळा /नेहमी
Question 1	मला रोजच्या कामाची सुरवात करताना त्रास होतो.
Question 2	मी दुसर्यां लोकांवर विश्वास करू शकलो .

Question 3	मला जीवनातील घडामोडीना सामना करण्यास अक्षम वाटले.
Question 4	मला जे करायचे होते ते मी करू शकलो.
Question 5	मी खुश होतो.
Question 6	मला वाटलं की माझे जीवन जगण्यायोग्य नाही.
Question 7	मी जे केले त्यातून मी आनंदी आहे.
Question 8	मी माझ्या भविष्याबद्दल आशावादी होतो.
Question 9	मला एकटेपणा जागवला.
Question 10	मला आत्मविश्वास वाटला.
Physical health item	कृपया **मागील आठ्वाड्यातील** आपल्या **शारीरिक** स्वास्थ्याचे वर्णन करा.(शारीरिक दुखणे, हालचालीमध्ये त्रास,स्वत:ची काळजी घेण्यात समस्या किंवा अस्वस्थ वाटणे)
Answer Option 1	काही समस्या नाही
Answer Option 2	थोडी समस्या
Answer Option 3	साधारण समस्या
Answer Option 4	जास्त समस्या
Answer Option 5	अतीजास्त समस्या
Norwegian for Norway	
Preamble	For hvert av de følgende utsagnene, vær vennlig og kryss av for det alternativet som best beskriver dine tanker, følelser og aktiviteter **i løpet av den siste uken**.
Recall period	
Answer Option 1	Aldri
Answer Option 2	Kun enkelte ganger
Answer Option 3	Noen ganger
Answer Option 4	Ofte
Answer Option 5	Det meste av tiden eller alltid
Question 1	Jeg syntes det var vanskelig å komme i gang med hverdagslige gjøremål
Question 2	Jeg følte jeg kunne stole på andre
Question 3	Jeg følte meg ute av stand til å mestre
Question 4	Jeg kunne gjøre de tingene jeg ønsket å gjøre
Question 5	Jeg følte meg glad
Question 6	Jeg tenkte at livet mitt ikke var verdt å leve
Question 7	Jeg gledet meg over det jeg gjorde
Question 8	Jeg følte håp for fremtiden min
Question 9	Jeg følte meg ensom
Question 10	Jeg følte meg trygg på meg selv
Question 11	Jeg gjorde ting som jeg syntes var givende
Question 12	Jeg unngikk ting som jeg trengte å gjøre
Question 13	Jeg følte meg irritert
Question 14	Jeg følte meg mislykket
Question 15	Jeg følte at jeg hadde kontroll over livet mitt
Question 16	Jeg følte meg livredd
Question 17	Jeg følte meg engstelig
Question 18	Jeg hadde problemer med søvnen min

Question 19	Jeg følte meg rolig
Question 20	Jeg syntes det var vanskelig å konsentrere seg
Physical health item	Vær vennlig og beskriv din **fysiske** helse (problemer med smerte, å bevege seg, vanskeligheter med å stelle deg selv eller å føle seg fysisk uvel) i **løpet av den siste uken.**
Answer Option 1	Ingen problemer
Answer Option 2	Små problemer
Answer Option 3	Moderate problemer
Answer Option 4	Alvorlige problemer
Answer Option 5	Veldig alvorlige problemer
Odia for India	
Preamble	ତଳେ ଦିଆଯାଇଥିବା ପ୍ରତିଟି ବାକ୍ୟ ପାଇଁ, ଯେଉଁ ଉତ୍ତର ସବୁଠୁ ଭଲ ଭାବେ, ଆପଣଂକର **ଗଲା ସପ୍ତାହର** ବିଚାର, ଅନୁଭବ, ଓ କାମସବୁକୁ ଦର୍ଶାଉଛି, ସେଥିରେ ଠିକ ଚିହ୍ନ ଦିଅନ୍ତୁ
Recall period	**ଗଲା ସପ୍ତାହରେ**
Answer Option 1	କେବେ ନୁହେଁ
Answer Option 2	କେତେବେଳେ କେମିତି
Answer Option 3	ବେଳେବେଳେ
Answer Option 4	ଅନେକ ସମୟରେ
Answer Option 5	ଅଧିକାଂଶ ବା ସବୁ ସମୟରେ
Question 1	ମୋତେ ନିତିଦିନିଆ କାମସବୁ ଆରମ୍ଭ କରିବାରେ କଷ୍ଟ ହେଉଥିଲା
Question 2	ମୁଁ ଅନ୍ୟମାନଂକୁ ବିଶ୍ୱାସ କରିପାରୁଥିଲି
Question 3	ମୁଁ (ପରିସ୍ଥିତିକୁ) ସମ୍ଭାଳି ପାରୁନଥିଲି
Question 4	ମୁଁ ଯାହା କରିବାକୁ ଚାହୁଁଥିଲି, କରିପାରୁଥିଲି
Question 5	ମୋତେ ଖୁସି ଲାଗୁଥିଲା
Question 6	ମୋ ଜୀବନ ବଂଚିବା ଯୋଗ୍ୟ ନୁହେଁ ବୋଲି ମୁଁ ଭାବୁଥିଲି
Question 7	ମୁଁ ଯାହା କରିଥିଲି ସେଥିରେ ମୋତେ ଖୁସି ଲାଗୁଥିଲା
Question 8	ମୋର ଭବିଷ୍ୟତ ଉପରେ ଆଶା ଥିଲା
Question 9	ମୋତେ ଏକା ଏକା ଲାଗୁଥିଲା
Question 10	ମୋର ନିଜ ଉପରେ ଭରସା ଥିଲା
Physical health item	ଗଲା ସପ୍ତାହରେ ଆପଣଂକ **ଶାରୀରିକ** ସ୍ୱାସ୍ଥ୍ୟ (ବ୍ୟଥା ଜନିତ ଅସୁବିଧା, ଚଲାବୁଲା, ନିଜର ଯତ୍ନ ନେବାରେ ଅସୁବିଧା ବା ଶରୀର ଅସୁସ୍ଥ ଲାଗିବା) ବିଷୟରେ କୁହନ୍ତୁ
Answer Option 1	କିଛି ଅସୁବିଧା ନାହିଁ
Answer Option 2	ଅଳ୍ପ ଅସୁବିଧା
Answer Option 3	ମଧ୍ୟମ ଧରଣର ଅସୁବିଧା
Answer Option 4	ବହୁତ ଅସୁବିଧା
Answer Option 5	ଅତି ଅଧିକ ଅସୁବିଧା
Portuguese for Portugal	
Preamble	Para cada uma das afirmações seguintes, marque a opção que melhor descreve os seus pensamentos, sentimentos e atividades **ao longo da última semana**.
Recall period	**Ao longo da última semana**
Answer Option 1	Nunca
Answer Option 2	Poucas vezes
Answer Option 3	Algumas vezes
Answer Option 4	Muitas vezes

Answer Option 5	Muitíssimas vezes
Question 1	Senti dificuldades em iniciar as minhas tarefas do dia-a-dia.
Question 2	Senti-me com capacidade de confiar nos outros.
Question 3	Senti que não tinha capacidade para lidar com as dificuldades do dia-a-dia.
Question 4	Consegui fazer as coisas que queria.
Question 5	Senti-me feliz.
Question 6	Pensei que a minha vida não valia a pena.
Question 7	Gostei das coisas que fiz.
Question 8	Senti-me esperançoso/a relativamente ao meu futuro.
Question 9	Senti-me sozinho/a.
Question 10	Senti confiança em mim mesmo/a.
Question 11	Fiz coisas que foram gratificantes.
Question 12	Evitei fazer coisas que tinha para fazer**.**
Question 13	Senti-me irritado/a.
Question 14	Senti-me um/a falhado/a.
Question 15	Senti que tinha controlo sobre a minha vida.
Question 16	Senti-me aterrorizado/a.
Question 17	Senti-me ansioso/a.
Question 18	Tive problemas com o sono.
Question 19	Senti-me calmo/a.
Question 20	Senti dificuldade em concentrar-me.
Physical health item	Por favor descreva a sua saúde física (problemas com dores, mobilidade, dificuldades em cuidar de si próprio ou não se sentir bem fisicamente) ao longo da última semana.
Answer Option 1	Sem problemas
Answer Option 2	Problemas ligeiros
Answer Option 3	Problemas moderados
Answer Option 4	Problemas graves
Answer Option 5	Problemas muito graves
Russian for Russia	
Preamble	Напротив каждого из следующих утверждений поставьте галочку в квадрате под одним ответом, который точнее всего описывает ваши мысли, чувства и действия **за последние 7 дней**.
Recall period	**За последние 7 дней**
Answer Option 1	Никогда
Answer Option 2	Редко
Answer Option 3	Иногда
Answer Option 4	Часто
Answer Option 5	Большую часть времени или всегда
Question 1	Мне было трудно начать заниматься повседневными делами.
Question 2	Я чувствовал(-а), что могу доверять другим людям.
Question 3	Я чувствовал(-а) себя неспособным(-ой) справляться с ежедневной жизнью.
Question 4	Я мог(-ла) делать то, что мне хотелось.
Question 5	Я чувствовал(-а) себя счастливым(-ой).
Question 6	Я думал(-а), что моя жизнь не стоит того, чтобы продолжать ее.
Question 7	Я получал(-а) удовольствие от того, что делал(-а).
Question 8	Я с надеждой смотрел(-а) в будущее.
Question 9	Я чувствовал(-а) себя одиноким(-ой).

Question 10	Я чувствовал(-а) уверенность в себе.
Question 11	Я делал(-а) то, что приносило мне удовлетворение.
Question 12	Я избегал(-а) дел, которые я должен(-на) был(-а) делать.
Question 13	Я испытывал(-а) раздражение.
Question 14	Я чувствовал(-а) себя неудачником(-цей).
Question 15	Я чувствовал(-а), что управляю моей жизнью.
Question 16	Я был(-а) очень испуган(-а).
Question 17	Я испытывал(-а) тревогу.
Question 18	У меня были проблемы со сном.
Question 19	Я чувствовал(-а) себя спокойно.
Question 20	Мне было трудно сосредоточиться.
Physical health item	Пожалуйста, опишите состояние вашего **физического** здоровья (проблемы, связанные с болью, подвижностью, трудностями ухода за собой или плохим самочувствием) **за последние 7 дней**.
Answer Option 1	Проблем не было
Answer Option 2	Были небольшие проблемы
Answer Option 3	Были проблемы средней тяжести
Answer Option 4	Были серьезные проблемы
Answer Option 5	Были очень серьезные проблемы
Russian for Ukraine	
Preamble	Напротив каждого из следующих утверждений поставьте галочку в квадрате под одним ответом, который точнее всего описывает Ваши мысли, чувства и действия **за последние 7 дней**.
Recall period	**За последние 7 дней**
Answer Option 1	Никогда
Answer Option 2	Редко
Answer Option 3	Иногда
Answer Option 4	Часто
Answer Option 5	Большую часть времени или всегда
Question 1	Мне было трудно начать заниматься повседневными делами.
Question 2	Я чувствовал (чувствовала), что могу доверять другим людям.
Question 3	Я чувствовал (чувствовала) себя неспособным (неспособной) справляться с ежедневной жизнью.
Question 4	Я мог (могла) делать то, что мне хотелось.
Question 5	Я чувствовал (чувствовала) себя счастливым (счастливой).
Question 6	Я думал (думала), что моя жизнь не стоит того, чтобы жить.
Question 7	Я получал (получала) удовольствие от того, что делал (делала).
Question 8	Я с надеждой смотрел (смотрела) в будущее.
Question 9	Я чувствовал (чувствовала) себя одиноким (одинокой).
Question 10	Я чувствовал (чувствовала) уверенность в себе.
Question 11	Я делал (делала) то, что приносило мне удовлетворение.
Question 12	Я избегал (избегала) дел, которые мне нужно было делать.
Question 13	Я испытывал (испытывала) раздражение.
Question 14	Я чувствовал (чувствовала) себя неудачником (неудачницей).
Question 15	Я чувствовал (чувствовала), что управляю своей жизнью.
Question 16	Я был (была) очень испуган (испугана).
Question 17	Я испытывал (испытывала) тревогу.
Question 18	У меня были проблемы со сном.
Question 19	Я чувствовал (чувствовала) себя спокойно.

Question 20	Мне было трудно сосредоточиться.
Physical health item	Пожалуйста, опишите состояние Вашего **физического** здоровья (проблемы, связанные с болью, подвижностью, трудностями ухода за собой или плохим самочувствием) **за последние 7 дней**.
Answer Option 1	Проблем не было
Answer Option 2	Были небольшие проблемы
Answer Option 3	Были умеренные проблемы
Answer Option 4	Были серьезные проблемы
Answer Option 5	Были очень серьезные проблемы
Simplified Chinese for China	
Preamble	对于下面的陈述请选择一个最适合**过去星期**您的感受活动的答案。
Recall period	**过去星期**
Answer Option 1	完全没有
Answer Option 2	偶尔发生
Answer Option 3	有时
Answer Option 4	经常
Answer Option 5	大部分时间/始终
Question 1	我发现自己很难开始着手处理事务
Question 2	我感觉有可信赖的能力
Question 3	我感觉没有能力去应对
Question 4	我可以按自己想的做事
Question 5	我感到快乐
Question 6	我认为自己的生活值得过下去
Question 7	我喜欢自己做过的事
Question 8	我对我的未来充满希望
Question 9	我感到孤独
Question 10	我对自己有信心
Question 11	我认为我做事情是有价值的
Question 12	我逃避要做的事情
Question 13	我觉得我容易发脾气
Question 14	我觉得自己很失败
Question 15	我对生活掌控感
Question 16	我感到非常恐惧
Question 17	我感到焦虑
Question 18	我能解决问题
Question 19	我感到平静
Question 20	我发现自己很难集中注意力
Physical health item	请描述过去星期身体状况(是否存在如疼痛行动不便难以照顾自己感到身体不舒服)
Answer Option 1	没有问题

Answer Option 2	轻微问题
Answer Option 3	中度问题
Answer Option 4	严重问题
Answer Option 5	极其严重问题
Spanish for Spain	
Preamble	En cada uno de los siguientes enunciados, marque la casilla que mejor describa sus pensamientos, sentimientos y actividades **durante la última semana**.
Recall period	**Durante la última semana**
Answer Option 1	Nunca
Answer Option 2	Solo de vez en cuando
Answer Option 3	Algunas veces
Answer Option 4	Con frecuencia
Answer Option 5	La mayor parte del tiempo o siempre
Question 1	Se me hizo difícil comenzar las tareas cotidianas
Question 2	Me sentí capaz de confiar en los demás
Question 3	Me sentí incapaz de arreglármelas
Question 4	Pude hacer las cosas que quería hacer
Question 5	Me sentí feliz
Question 6	Pensé que no valía la pena vivir mi vida
Question 7	Disfruté las cosas que hice
Question 8	Sentí esperanza por mi futuro
Question 9	Me sentí solo
Question 10	Me sentí seguro de mí mismo
Question 11	Hice cosas que consideré gratificantes
Question 12	Evité cosas que tenía que hacer
Question 13	Me sentí irritado
Question 14	Me sentí un fracaso
Question 15	Me sentí en control de mi vida
Question 16	Me sentí aterrado
Question 17	Me sentí ansioso
Question 18	Tuve problemas con el sueño
Question 19	Me sentí calmado
Question 20	Se me hizo difícil concentrarme
Physical health item	Describa su salud **física** (problemas con el dolor, la movilidad, dificultades para ocuparse de usted mismo o sensación de malestar físico) **durante la última semana**
Answer Option 1	Sin problemas
Answer Option 2	Problemas leves
Answer Option 3	Problemas moderados
Answer Option 4	Problemas serios
Answer Option 5	Problemas muy serios

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US Spanish	
Preamble	Para cada uno de los siguientes enunciados, marque la casilla que mejor describa sus pensamientos, sentimientos y actividades **durante la última semana**.
Recall period	**Durante la última semana**
Answer Option 1	Nunca
Answer Option 2	Solo de vez en cuando
Answer Option 3	Algunas veces
Answer Option 4	Con frecuencia
Answer Option 5	La mayor parte del tiempo o siempre
Question 1	Se me hizo difícil comenzar las tareas cotidianas
Question 2	Me sentí capaz de poner mi confianza en los demás
Question 3	Me sentí incapaz de lidiar con las cosas
Question 4	Pude hacer las cosas que quería hacer
Question 5	Me sentí feliz
Question 6	Pensé que no valía la pena vivir mi vida
Question 7	Disfruté las cosas que hice
Question 8	Me sentí esperanzado acerca de mi futuro
Question 9	Me sentí solo
Question 10	Me sentí seguro de mí mismo
Question 11	Hice cosas que consideré gratificantes
Question 12	Evité cosas que tenía que hacer
Question 13	Me sentí irritado
Question 14	Me sentí como un fracaso
Question 15	Me sentí en control de mi vida
Question 16	Me sentí aterrado
Question 17	Me sentí ansioso
Question 18	Tuve problemas con el sueño
Question 19	Me sentí calmado
Question 20	Se me hizo difícil concentrarme
Physical health item	Describa su salud **física** (problemas con el dolor, la movilidad, dificultades para ocuparse de usted mismo o sentirse mal físicamente) **durante la última semana**
Answer Option 1	Sin problemas
Answer Option 2	Problemas leves
Answer Option 3	Problemas moderados
Answer Option 4	Problemas serios
Answer Option 5	Problemas muy serios
Swedish for Sweden	
Preamble	För varje påstående vänligen sätt ett kryss i den ruta som närmast beskriver dina tankar, känslor och aktiviteter **under den senaste veckan**.
Recall period	**Under den senaste veckan**
Answer Option 1	Inte alls
Answer Option 2	Någon enstaka gång
Answer Option 3	Ibland
Answer Option 4	Ofta
Answer Option 5	Mestadels eller hela tiden
Question 1	var det svårt för mig att komma igång med vardagliga sysslor
Question 2	kände jag att jag hade förmåga att lita på andra
Question 3	kändes mitt liv ohanterbart

Question 4	kunde jag göra de saker jag ville göra
Question 5	kände jag mig glad
Question 6	tänkte jag att mitt liv är värdelöst
Question 7	fann jag glädje i det jag gjorde
Question 8	kände jag mig hoppfull inför min framtid
Question 9	kände jag mig ensam
Question 10	kände jag mig självsäker
Question 11	gjorde jag saker jag kände var givande
Question 12	undvek jag saker jag borde göra
Question 13	kände jag mig irriterad
Question 14	kände jag mig misslyckad
Question 15	kände jag att jag hade kontroll över mitt liv
Question 16	kände jag mig skräckslagen
Question 17	kände jag mig orolig
Question 18	hade jag problem med min sömn
Question 19	kände jag mig lugn
Question 20	hade jag svårigheter att koncentrera mig
Physical health item	Beskriv din **fysiska** hälsa (problem med smärta, rörlighet, svårigheter att ta hand om dig själv eller kroppslig sjukdomskänsla) **under den senaste veckan**
Answer Option 1	Inga besvär
Answer Option 2	Lätta besvär
Answer Option 3	Måttliga besvär
Answer Option 4	Svåra besvär
Answer Option 5	Mycket svåra besvär
Tamil for India	
Preamble	பின்வருகின்ற ஒவ்வொறு அறிக்கைக்கும், கடந்த வாரத்தில் உங்களுடைய எண்ணங்கள், உணர்வுகள் மற்றும் செயல்களை சரியாக விவரிக்கும் ஒரு பெட்டியை தயவுசெய்து குறியிடவும்.
Recall period	**கடந்த வாரத்தில்**
Answer Option 1	**எப்போதும் இல்லை**
Answer Option 2	**எப்போதாவது மட்டும்**
Answer Option 3	**சில நேரங்களில்**
Answer Option 4	**அடிக்கடி**
Answer Option 5	**எல்லா நேரத்திலும்**
Question 1	அன்றாட வேலைகளை செய்யத் தொடங்குவதில் நான் சிரமப்பட்டேன்
Question 2	மற்றவர்களை நம்பமுடியும் என நான் உணர்ந்தேன்
Question 3	என்னால் சமாளிக்க முடியாது என உணர்ந்தேன்
Question 4	நான் செய்ய வேண்டிய வேலைகளை என்னால் செய்ய முடியும்
Question 5	நான் மகிழ்ச்சியாக உணர்ந்தேன்
Question 6	என் வாழ்க்கை வாழ்வதற்கே தகுதியற்றது என நான் நினைத்தேன்

Question 7	நான் செய்ய வேண்டிய வேலைகளை மிகவும் சந்தோஷமாக செய்தேன்
Question 8	என் எதிர்காலத்தின் மீது நம்பிக்கை உள்ளதாக நான் உணர்ந்தேன்
Question 9	நான் தனிமையாக உணர்ந்தேன்
Question 10	நான் என்மேல் தன்னம்பிக்கையுடன் இருப்பதாக உணர்ந்தேன்.
Physical health item	கடந்த வாரத்தில் தங்களுடைய உடல் நலத்தை(வலி, அசைவதில் சிரமம்,உங்களையே கவனிப்பதில் சிரமம் அல்லது உடல்நலம் சரியில்லாததாக உணர்தல்) விவரிக்கவும்
Answer Option 1	பிரச்சனை இல்லை
Answer Option 2	மிதமான பிரச்சனை
Answer Option 3	நடுத்தரமான பிரச்சனை
Answer Option 4	அதிக பிரச்சனை
Answer Option 5	மிக அதிகமான பிரச்சனை
Traditional Chinese for Hong Kong	
Preamble	請從下列句子，選出一句最能描述你在過去一星期的想法、感覺及活動情況的句子，然後在方格中填上"√"。
Recall period	**過去一星期**
Answer Option 1	**從不**
Answer Option 2	**偶然**
Answer Option 3	**有時**
Answer Option 4	**經常**
Answer Option 5	**大部分時間**
Question 1	1. 我覺得難以開始每天的工作
Question 2	2. 我覺得我可以信任他人
Question 3	3. 我覺得我無法應付問題/ 困難
Question 4	4. 我可以做我想做的事
Question 5	5. 我感到很開心
Question 6	6. 我認為我的生命沒有意義
Question 7	7. 我享受我做的事
Question 8	8. 我對我的未來充滿希望
Question 9	9. 我覺得孤獨
Question 10	10. 我對自己有信心
Question 11	11. 我會做一些令我感到滿足的事
Question 12	12. 我逃避我應該要做的事

Question 13	13. 我覺得很煩躁
Question 14	14. 我覺得自己是一個失敗者
Question 15	15. 我覺得我能掌握自己的人生
Question 16	16. 我感到恐懼
Question 17	17. 我感到焦慮
Question 18	18. 我有睡眠問題
Question 19	19. 我感到平靜
Question 20	20. 我覺得難以集中
Physical health item	試描述你在過去一星期的身體狀況 (包括疼痛問題、活動能力、照顧自己有困難或感到身體不適)
Answer Option 1	**沒有問題**
Answer Option 2	**輕微問題**
Answer Option 3	**中度問題**
Answer Option 4	**嚴重問題**
Answer Option 5	**非常嚴重問題**
Ukrainian for Ukraine	
Preamble	Для кожного з наведених тверджень відмітьте одну клітинку, що найточніше описує Ваші думки, почуття та дії **за останній тиждень**.
Recall period	**За останній тиждень**
Answer Option 1	Жодного разу
Answer Option 2	Рідко
Answer Option 3	Іноді
Answer Option 4	Часто
Answer Option 5	Майже постійно або постійно
Question 1	Мені важко було братися до повсякденних справ
Question 2	Я відчував (відчувала), що можу довіряти іншим
Question 3	Я відчував (відчувала), що не можу ні з чим упоратися
Question 4	Мені вдавалося робити те, що я хотів (хотіла) робити
Question 5	Я почувався (почувалася) щасливим (щасливою)
Question 6	Я думав (думала), що жити не варто
Question 7	Мені подобалося те, що я робив (робила)
Question 8	Я з оптимізмом дивився (дивилася) у майбутнє
Question 9	Я почувався (почувалася) самотнім (самотньою)
Question 10	Я почувався (почувалася) впевненим (впевненою) у собі
Question 11	Я робив (робила) те, що приносило мені моральне задоволення
Question 12	Я уникав (уникала) справ, які я повинен був (повинна була) зробити
Question 13	Я відчував (відчувала) роздратування

Question 14	Я почувався (почувалася) невдахою
Question 15	Я відчував (відчувала), що контролюю своє життя
Question 16	Я відчував (відчувала) сильний переляк
Question 17	Я відчував (відчувала) тривогу
Question 18	У мене були проблеми зі сном
Question 19	Я відчував (відчувала) спокій
Question 20	Мені було важко зосередитись
Physical health item	Опишіть стан свого **фізичного** здоров'я (біль, проблеми з рухливістю, труднощі з доглядом за собою або фізичне нездужання) **за останній тиждень**
Answer Option 1	Проблем не було
Answer Option 2	Незначні проблеми
Answer Option 3	Помірні проблеми
Answer Option 4	Серйозні проблеми
Answer Option 5	Дуже серйозні проблеми
Welsh for Wales	
Preamble	Ar gyfer pob un o'r datganiadau a ganlyn, ticiwch un bocs sy'n disgrifio orau eich meddyliau, eich teimladau a'ch gweithgareddau **dros yr wythnos ddiwethaf**.
Recall period	**Dros yr wythnos ddiwethaf**
Answer Option 1	Dim o gwbl
Answer Option 2	Nid yn aml
Answer Option 3	Weithiau
Answer Option 4	Yn aml
Answer Option 5	Y rhan fwyaf o'r amser neu drwy'r amser
Question 1	Roeddwn i'n ei chael hi'n anodd dechrau ar dasgau cyffredin
Question 2	Roeddwn i'n teimlo fy mod i'n gallu ymddiried mewn pobl eraill
Question 3	Roeddwn i'n teimlo nad oeddwn i'n gallu ymdopi
Question 4	Roeddwn i'n gallu gwneud y pethau roeddwn i eisiau eu gwneud
Question 5	Roeddwn i'n teimlo'n hapus
Question 6	Roeddwn i'n teimlo nad oedd fy mywyd yn werth ei fyw
Question 7	Roeddwn i'n mwynhau y pethau roeddwn i'n eu gwneud
Question 8	Roeddwn i'n teimlo'n obeithiol am fy nyfodol
Question 9	Roeddwn i'n teimlo'n unig
Question 10	Roeddwn i'n teimlo'n hyderus yn fi fy hun
Question 11	Roeddwn i'n gwneud pethau a oedd yn rhoi boddhad i mi
Question 12	Roeddwn i'n osgoi pethau roedd angen i mi eu gwneud
Question 13	Roedd pethau'n mynd ar fy nerfau
Question 14	Roeddwn i'n teimlo fel methiant
Question 15	Roeddwn i'n teimlo bod gen i reolaeth dros fy mywyd
Question 16	Roeddwn i'n teimlo'n ofnus iawn
Question 17	Roeddwn i'n teimlo'n bryderus
Question 18	Roeddwn i'n cael problemau cysgu
Question 19	Roeddwn i'n teimlo'n dawel fy meddwl
Question 20	Roeddwn i'n cael trafferth canolbwyntio
Additional Item	Disgrifiwch eich iechyd **corfforol** (problemau gyda phoen, symud, anawsterau wrth ofalu amdanoch eich hun neu deimlo'n sâl yn gorfforol) **yn ystod yr wythnos ddiwethaf**
Answer Option 1	Dim problemau

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Answer Option 2	Problemau bach
Answer Option 3	Problemau cymedrol
Answer Option 4	Problemau difrifol
Answer Option 5	Problemau difrifol iawn