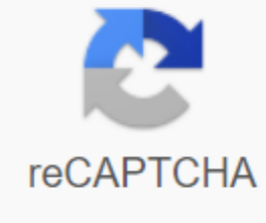




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Go to the basic content Go to the World Health Organization's Quality of Life Score (WHO) quality of life score table is a tool for measuring quality of life (ZOL) that was developed by the World Health Organization (WHO), with the support of 15 collaborating centers around the world (World Health Organization, 1997). It measures THE perception of CEL IN different contexts of their culture and value systems, as well as their personal goals, standards and concerns (WHO, 1993). Since WHO defines THES as people's perception of their position in life in the context of the cultural systems and values in which they live and because of their goals, expectations, standards and concerns (1997, p. 1), it has taken steps to develop a culturally sensitive and comparable assessment tool. It consists of two quality-of-life measurement tools (WHOOL-100 and WHOSOL-BRF). THE WHOOL-100 was developed through an extensive pilot trial of about 300 WHOOL issues at 15 centres throughout... 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According to the study's draft, the sample was to include about 50% of men and 50% of women, 50% of subjects below and 50% over 45 years of age, all in contact with different health services. After 2-3 weeks, the subsection was re-interviewed to examine the reliability of the test retesting. After WHOOL-BRIF, most subjects were also put into THE MOS-SF36 to verify the simultaneous validity between the two instruments. Results - The tool was introduced in 379 subjects (1/6 healthy and 1/6 patients), selected as a representative of various diseases. Seventy patients, wWho displayed a stable health condition, were overestimated after 2-3 weeks to study test-retesting reliability. THE DOMAINS of WHOOL-BRIF showed good internal consistency, ranging from 0.65 for social relations and up to 0.80 for the physical area; it was able to distinguish between patients and between the two age groups examined in this study (No.45, 45 years). It was found that only physical and psychological areas distinguish between healthy and sick subjects. There were no gender differences in average scores in four areas. The simultaneous time between WHOOL-Brief and MO-SF-36 is satisfactory and specific to the physical and psychological health sphere. Test reliability values were also good, ranging from 0.76 for Wednesday's domain to 0.93 for the psychological area. Conclusions - This study shows that WHOOL-BRIEF is psychometrically valid and reliable, and that it is also potentially useful in discriminating between subjects with various diseases in a clinical setting. Scopo - Testare le principali caratteristiche psicometriche (validita di costruito, consistenza interna, validit' concorrente ed attendibile test-retest) della versione italiana del WHOOL-Brev, strumento comprendente 26 punti, messo a punto nell'ambito di un progetto internazionale promosso e coordinato dall'OMS e che indaga 4 aree che rappresentano il costruito della qualita della Vita (SOL): area fisica, area psicologica, area delle relazioni sociali e. Metodi - I dati sono stati raccolti nei tre centri italiani partecipanti al Progetto WHO'OL (Bologna, Modena e Padova). Il disegno dello studio prevedeva, in ciascuno dei centri nazionali, la somministrazione dello strumento ad un campione comprendente almeno 300 soggetti in contatto con struttureie, sanitarificato per', sesso e condizione di malattia. Nello studio di validazione italiano era prevista la ri somministrazione dello strumento dopo about 2-3 settimane ad un sottocampione caratterizzato da condizioni disaluteti stab, al fine di indagare l'attendibilita test test. In entrambe le valutazioni, alo scopo di valutare la Mos-SF-36 was also introduced. Results - A total of 379 people in contact with health facilities received WHO'S BRAVE. 83% of whom were treated for various diseases; Of these, 70 people selected from countries with stable health conditions were overvalued at a distance of 2-3 weeks to test the credibility of the test. In general, WHOOL-Breve has demonstrated satisfactory psychometric properties. The four areas of OOL represented in WHOOL-Breve have a good internal sequence, from 0.65 in social relations to 0.80 in physical health. With regard to discriminatory validity, only in the physical and psychological areas patients report a much lower rate than healthy people. There were no significant differences between the two sexes in the average scores in four areas, while in relation to age, it was found that the younger subjects had higher scores (expressive higher INSENT) in physical, psychological and social relationships. The competing reality with regard to MOS-SF-36 was satisfactory and specific for the physical and psychological areas. The temporal stability of the scores ranged from 0.76 for the environment to 0.93 for the psychological area. Findings - The Italian validation study of WHOOL-Breve shows that this new common quality of life assessment tool has good psychometric properties and is potentially useful for assessing ASH in patients in contact with health facilities. Address for correspondence: Dr. G. de Girolamo, Higher Institute of Health, National Mental Health Project, Avenue Regina Elena 299, 00161 Rome. Fax: gdg@iss.it article Family Burden in Schizophrenia: The Consequences of Social, Environmental and Clinical Variables and Family Intervention by Lorenz Magiano, Andrea Fiorillo, Claudio Malangone , Adriano Aletti , Josue Belotti , Paola Bevilacqua, Anna Luisa Delle Femine, Gianmichele Fontana, Francesca Maucioni, Michele La travi, Paola Sanus, Andrea Rossi, Mario Mai Epidemiology and Social Psychiatry Published online: 11 October 2011 cited 72 2003. Initial steps to develop the World Health Organization's Quality of Life Tool (WHOOL) module for an international HIV/AIDS assessment. AIDS Care, Vol. 15, issue. 3, page 347. Ohieri, Jude W. Olusina, Adeunni K. and Al-Abassi, Abdul-Hamid M. 2004. Factor analysis of a short version of the World Health Organization's quality of life tool. Psychopathology, Vol. 37, issue. 5, page 242. Lau, Joseph T.F. Wang, Tsingsheng Cheng, Imin and Yang, Silin 2005. 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