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Measuring Mind, Body, Work and Life Concerns: Development of the LifeScore20 Scale

Abstract. A 20-item self-report survey instrument is introduced. Based on the biopsychosocial model of health, the LifeScore20 Scale assesses one's concerns with mind, body, work and life domains. National normative scoring data ($N = 1,021$) is provided. Scale correlations with demographic and validity factors are also presented.

Issue: Increasingly, applied health psychology practitioners have been using the biopsychosocial model when addressing health and well-being issues (Taylor, 1995). A prominent aspect of this model is the role of work and personal life issues as drivers of mental and physical health. Preventive health programs using this holistic approach can help with these issues, preferably before they become severe. However, many people who could benefit from such programs do not use them (US Surgeon General's report on mental health, 1999). One reason for this lack of usage is that a pragmatic assessment of a person's functioning in the basic domains of life has been difficult to accomplish in a comprehensive yet brief manner due to a lack of a measurement tool. Although there are numerous scientifically developed assessment instruments available for mind, body, work and daily life areas, they are too long and complex for most lay persons to use. Furthermore, the score from one instrument cannot be directly compared with scores from other instruments. A related issue is the recent movement in healthcare to include use of assessment instruments that focus on the perspective of the patient or consumer rather than the clinician (Attridge, 1998). The goal of this project was to create a short and easy to use scale that assessed four major conceptual areas (mind, body, work, daily life) of life functioning and to provide normative data for scoring and comparison of individual respondents.

Procedure. The data was collected as part of a larger survey based on a 1998 nationwide random sample of American adults whose insurance coverage from a health plan or an employer included access to a 24 hour telephonic health information and assistance resource. A total of 1,021 people voluntarily completed the survey. The procedure used a single-wave mail distribution method and yielded an 18% survey return rate. Representativeness of the sample is assumed as comparisons on demographic factors found no differences between those who returned the survey and those who did not. The sample includes respondents from 46 US states and had a balance of sex (48% men & 52% women), a range of ages (18-88, mean = 44 years), with 65% married and 44% with a child living at home. Also, this study used an additional stratified random sampling process to include a normative level (18%) of users of employee assistance and nurse information services in the past year.

Measures. The LifeScore20 Scale has 20 items. The majority of items assess the level of concern/severity of life issues. The specific issues were derived from an analysis of the most common reasons given for use of a national 24-hour telephonic service (Optum®). This service

provides employee assistance-type counseling, health information from nurses and daily life management resources to over a million people a year. Also featured is one item on perceived health status that was taken from the Health Status Questionnaire (HSQ-12 and SF-36 scales) and five items on the use of basic health care services. The scale has four components. The Mind component includes level of concern about feelings of sadness, stress or anxiety, alcohol or drug abuse, and visits to a psychiatrist or psychologist. The Body component includes concern about physical health, perceived health status, and number of visits to a physician, urgent care, emergency room and hospital. The Work component includes concerns about work performance, work relationships, and balancing work and personal life. The Life component includes concerns about romantic relationships, family relationships, friend relationships, money and financial issues, legal issues, child care, and caring for aging relatives. All items used 5-point response scales with higher scores reflecting greater concerns about issues, worse perceived health, or more frequent recent use of health care services. Time to complete the survey was typically five minutes or less.

Results: Scale total raw scores were converted into percentiles for comparison between components. National normative data is provided for comparing an individual's scores on the four components and the total scale. The value of knowing one's relative standing on the scale components (e.g., "I am in the average range for three of the components but I am in the top 10% in the Mind area") may be helpful to individuals in prompting greater interest in seeking more information or use of health care services. Although conceptually distinct, component scores were inter-correlated ($r = .21$ to $.76$, $p < .001$), a finding that supports the value of the biopsychosocial model of health. Importantly, higher scores on the measures were associated with greater past use of employee assistance and nurse information services which address these kinds of issues ($r = .16$ to $.10$, $p < .001$). The LifeScore20 measures had weak or non-significant associations with demographic factors, however slightly higher scores were noted for women, younger age, having a child living at home and being single. In sum, this study presents a new self-report instrument, national norms for scoring and initial evidence for both convergent and discriminant forms of measurement validity.

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