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Measuring emotional well-being through subjective report: a scoping review of reviews

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ABSTRACT

Objective This scoping review of reviews aims to describe the current landscape of measures of emotional well-being (EWB).

Methods Following established practices for scoping reviews, we searched the PsycInfo, ERIC, Scopus and PubMed databases in June and July 2021 for reviews of measures of EWB that described their review methods and psychometric properties of included measures. From each eligible article, two coders independently extracted the authors' (1) definition of EWB, (2) purpose for the review, (3) methods (eg, search terms, inclusion and exclusion criteria), (4) identified measures (including any noted adaptations) and (5) the scope of psychometric information presented. Descriptive and content analyses were used to examine data.

Results Forty-nine reviews were included in this scoping review. Reviews included anywhere between 1 and 34 measures of EWB and 135 unique EWB measures were captured across all reviews. We found that there was no consistent definition of EWB, identified measures varied widely and reviews were published in a range of disciplines. Psychometric evidence varied as did authors' purposes for conducting the reviews.

Conclusions Overall, these reviews suggest that literature on EWB measurement is disjointed and diffuse. Conceptual integration and harmonisation of measures is needed to advance knowledge of EWB and its measurement.

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STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ All stages of the review process (ie, title and abstract screening, full-text review, extraction, measure inclusion and exclusion) were completed using independent double coding; consensus was reached on all decisions.
⇒ Our study captured reviews across several disciplines. This demonstrates not only widespread interest in emotional well-being (EWB), but also disparate conversations occurring across fields.
⇒ Our study is limited in that we did not conduct a critical appraisal of the included articles or measures.
⇒ Articles and measures' varied definitions of EWB complicated precise identification of measures of EWB.

Well-being is multidimensional, with reference to a broad range of indicators deemed important to population health. *Emotional* well-being (EWB) is recognised as one of those dimensions. High levels of EWB have been associated with physical health, healthy ageing and longevity.[1–5] Given global reports of low scores on well-being indicators such as quality of life, social integration and life satisfaction, EWB has been elevated as a recommended public health target within a nation's priorities in the service of advancing well-being.[6] Consistent with this priority, there has been a proliferation of theories, constructs and measures in the EWB domain. Many conceptualisations of the EWB exist, with variations based on researchers' training or particular areas of interest. EWB research is conducted across many disciplines, each of which has its own history of terminology. As such, the current landscape of EWB research is diverse, leaving challenges in communication and dissemination, which makes it difficult to target EWB as a public health priority.

Efforts of researchers to establish a working definition of EWB acknowledge that EWB comprises how positive an individual feels generally and about life overall.[7] This working definition embraces both experiential and reflective features, and reflects focus on the positive continuum as distinguished from features of distress and dysfunction. The working definition further articulates the importance of acknowledging interpretation within the context of culture, life circumstances, resources and life course. For example, the salience of various facets of EWB may vary across cultures or across the lifespan.[7] In collectivist cultures or those with a strong emphasis on family, social features (eg, the health and well-being of loved ones) may greatly influence how an individual feels generally and about life overall.[8] Those in

more individualistic cultures may be more influenced by personal preferences. Similarly, the reflective features (eg, life satisfaction, sense of meaning) described in this definition may be less salient for young children or those with cognitive impairments (eg, dementia, intellectual disabilities). For these populations, the experiential features characterised in this working definition may be more pertinent.

Measurement represents one important path to elevating the importance of EWB in overall population health. That is, understanding what comprises the EWB construct and how EWB measured is critical to driving policy and programme decisions to enhance EWB. Work on EWB as a whole, however, is fairly recent and thus plagued by limited consensus as to how EWB should be measured. Subjective, neuroimaging and psychophysiological approaches have been explored, yet to date, subjective reports dominate the literature given factors such as ease with which data can be gathered and historical emphasis.[9] Subjective report refers to an individual's evaluation of a construct of interest. The constructs of interest could be as simple as a single item global evaluation of quality of life or may be multiple items designed to tap separate aspects of EWB. The target of evaluation could be the self or other, such as a parent completing a scale regarding their child's affect. The name subjective report implies a leaning toward subjectivity versus objectivity in measurement, which has been discussed as potentially appropriate given that the values placed on different life circumstances are evaluated by individuals in different ways.[9] As an example, one individual may place greater personal value on family whereas another may value independence, and thus, their subjective evaluation about quality of life may be influenced by these values.[10] In addition, the period of retrospection may vary across subjective reports, such as asking a respondent to report on how one feels right now versus over the past week generally. Shorter periods of retrospection have been described as potentially lending greater objectivity to the evaluations.[9 10] Overall, the focus of EWB subjective measurement research has been more heavily directed toward reflective (ie, evaluative) than experiential (ie, hedonic) features.[11] Yet growing interest in understanding the unique and overlapping contributions of both reflective and experiential features, coupled with the confusing, broad landscape of EWB terminology, supports the need for systematic evaluation as to what reviews of EWB subjective measures are available, and what information has structured and been captured in those reviews.

The purpose of this paper was to conduct a scoping review of existing reviews of EWB subjective report measures. Conceptual and methodological clarity for conducting scoping reviews has emerged over the past two decades.[12–15] As described by Colquhoun and colleagues, a scoping review is 'a form of knowledge synthesis that addresses an exploratory research question aimed at mapping key concepts, types of evidence and gaps in research related to a defined area or field by systematically searching, selecting and synthesizing existing knowledge' (Colquhoun *et al*, pp. 1292–1294).[14]

Aligned with these goals, our scoping review aims to serve multiple purposes that offer implications to advance the science and communication of EWB. First, we aim to shed light on the extant of EWB measurement landscape by identifying and documenting which subjective EWB measures exist and in what disciplines they have been developed and used. Second, we aim to catalogue information on existing definitions of EWB that can spur advances in consensus of what EWB is and is not. For this purpose, we identify how EWB was defined in each review. Third, we aim to identify the scope of psychometric information presented in reviews as well as the reported adaptations of included measures. Finally, we aim to advance development of new EWB measures by sharing what commonalities and differences are present in the methods that have been used to conduct past reviews of EWB measures, such as decisions surrounding eligibility criteria, to potentially shed light on the reason for variation in measures.

METHODS

Following scoping review methods outlined by Peters and colleagues,[15] we conducted a scoping review to identify and map existing reviews of measures of EWB. Our four aims organise a rigorous and transparent methodological approach to knowledge synthesis focused on mapping current concepts, types of evidence and gaps in research. We preregistered our study through the Open Science Framework (two registrations made, with the second registration for additional search terms; see Abstract section). Deviations have been recorded with OSF and include minor revision of the second and third research questions in response to information available in included reviews.

Information sources and search strategy

After consulting with a research librarian, the team searched the PsycInfo, ERIC, Scopus and PubMed databases on 10 June 2021 and 1 July 2021. A main purpose of this scoping review was to identify and document the range of EWB conceptualisations across literatures. Thus, as recommended when completing a scoping review,[13] we used a broad range of search terms related to EWB to capture as many potentially relevant articles as we could. Described later, we then applied strict inclusion and exclusion criteria to narrow in on articles of interest. To identify *reviews* of *measures*, we also included search terms related to measurement and literature reviews, resulting in search terms related to (a) EWB, (b) measurement and (c) literature reviews. Specifically, the four databases were searched for (a) ("emotional well-being" OR "emotional wellbeing" OR "psychological well-being" OR "psychological wellbeing" OR "subjective well-being" OR "subjective wellbeing" OR "life satisfaction" OR "happiness" or "happy" OR "positive emotion*" OR "flourish*"

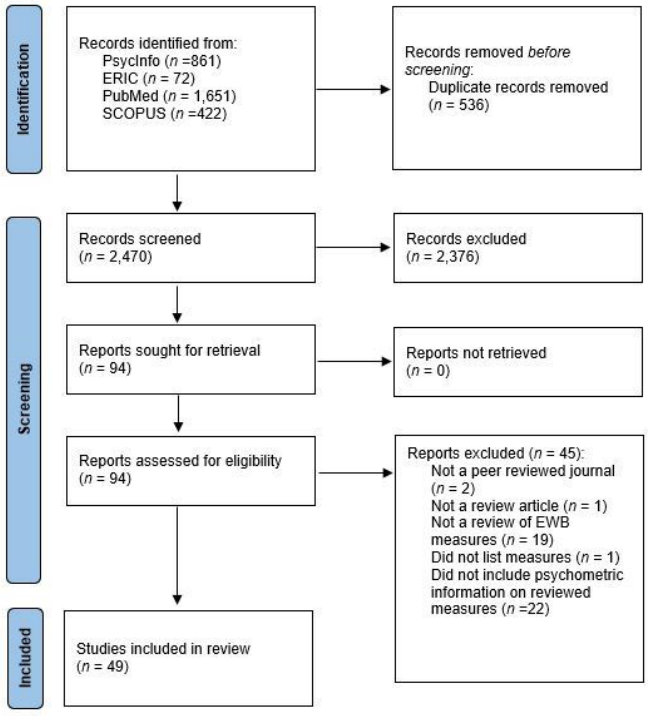

Figure 1 Preferred Reporting Items for Systematic Review and Meta-Analysis diagram. EWB, emotional well-being.

OR "eudaimoni*" OR "evaluative well-being" OR "evaluative wellbeing" OR "hedonic well-being" OR "hedonic wellbeing" OR "experiential well-being" OR "experiential wellbeing" OR "Spiritual well-being" OR "spiritual wellbeing" OR "positive affect" OR "meaning in life" OR "wellbeing" OR "well-being" OR "well being" OR "optimism" OR "thriving" OR "resilience" OR "restorative" OR "social emotional" OR "socioemotional") AND (b) ("measure*" OR "assessment*" OR "self-report" OR "self-report" OR "rating*" OR "scale*" OR "questionnaire" OR OR "survey" OR "instrument") AND (c) ("valid*" OR "development" OR "psychometric" OR "evaluation" OR "reliab*").

With regards to searching for literature reviews, search terms and limits varied slightly in the four databases. In ERIC and Scopus, we added "systematic review" OR "meta-analysis" OR "metaanalysis" to our search terms. In PsycInfo, we used the Methodology limiter and limited the results to articles that were a systematic review, meta-analysis or meta-synthesis. Finally, the PubMed search was completed using a hedge developed by the Canadian Journal of Health Technologies[16] for this purpose. A hedge is a designed set of search text used to refine searches; hedges are designed by expert searchers and are validated and sensitive. All searches were limited to articles published in 2000 or later. Once duplicates were removed, the combined searches yielded 2470 articles. Our Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) diagram is shown in figure 1 and identifies the number of articles included and excluded at each stage of our review.

Selection process

Article inclusion and exclusion criteria

Articles were included if they were (1) reviews focused on the measurement of a construct conceptually linked to EWB; (2) used a structured or systematic search strategy; and (3) included at least some information on the validity or psychometrics of the reviewed measures. In addition, articles were limited to those published in peer-reviewed journals, published in English and published in the year 2000 or later. As long as the full-text article was available in English, articles originating in any nation were included. No limits were placed on the population (eg, age or clinical/non-clinical population) reported in reviews. Exclusion criteria included: (1) book chapters; (2) book reviews, case studies, qualitative studies; (3) unavailable full texts or abstract-only papers; (4) articles published in dissertations, theses, conference papers or opinion/perspective papers and (5) articles only focused on health-related quality of life (HRQOL). We excluded grey literature because we were interested in literature with high credibility and high outlet control[17] (ie, the extent to which content is produced using explicit and transparent knowledge creation criteria) as this is most likely the knowledge informing EWB research.

We conceptualise EWB as a construct that can be measured in general populations and not only those experiencing health conditions or specific life events. We consulted with subject matter experts, who included diverse members of six networks funded by the U.S. National Institutes of Health (NIH) to advance research on EWB, NIH programme staff and external advisory board members of individual networks. Experts had clinical and academic training. Two structured response sessions were held; our team presented the variety of terms we were encountering in the literature and solicited feedback from experts on their conceptual links to EWB. Experts discussed the relevance and history of these terms and made recommendations about their conceptual links to EWB. Based on the outcomes of these discussions, we deemed reviews of *well-being, emotional well-being, mental well-being, psychological well-being, mental health and well-being, quality of life, wellness, life satisfaction, psychosocial health, child mental health* and *community health and well-being* to be 'conceptually linked' to EWB. Here forth, we refer to this collective body of work as 'EWB.'

HRQOL measures are used to 'measure and summarise the health of populations' (Fryback *et al*, p. 3).[18] Researchers have identified the importance of measuring EWB independent of health because there is evidence that when physical health improves, EWB does not always do the same, and may even deteriorate.[19] Thus, consistent with advice from the subject matter experts with whom we consulted, we excluded reviews only focused on HRQOL measures from our study as they are used to measure and summarise overall health. We did not limit our review to systematic reviews as this may have been overly restrictive but required that authors presented some type

of structured search strategy to ensure that they were completing a review of measures.

Measure inclusion and exclusion criteria

Within articles, measures were included if they measured a construct conceptually linked to EWB (eg, life satisfaction, quality of life). We located original measures and reviewed the domain(s) measured and individual items. We excluded measures that were focused on HRQOL, disease-specific populations, health outcomes, psychopathology or only contained negatively valenced items because these are beyond the scope of our definition of EWB. Measures only developed in languages other than English were included if they met our inclusion criteria.

Screening process

Using Covidence software,[20] the title and abstract of each of the articles were independently screened by two trained coders. Coders received 2 hours of structured training and practice from the first author at each stage of the review as well as ongoing supervision and check-ins. Coding discrepancies were reviewed by the first author for a final decision; borderline cases were reviewed by both the first and last authors and consensus was reached for all decisions. As a result of this process, 94 articles were retained for full-text screening. Next, the full text of each article was independently reviewed by two trained coders. Again, any discrepancies were resolved by the first author or the first and last authors. Forty-five studies were excluded at this stage (reasons outlined in figure 1). In some cases, articles stated that they were looking at 'generic QOL' measures (as opposed to or in tandem with 'disease-specific QOL' measures). On closer inspection 'generic QOL' measures were often HRQOL measures intended to be used with *any* disease population rather than a *specific* disease population. In these cases, the reviews were excluded because they focused on HRQOL measures (sometimes along with disease-specific measures).[21 22] Two articles indicated that tables of psychometric information were available on request; we did not receive responses to our requests for these tables and therefore excluded the articles for their lack of inclusion of psychometric information. Forty-nine articles were retained for inclusion in this review.

Data collection

Using Covidence software, two coders independently extracted data from the included articles. From each article, we extracted the authors' (1) definitions used to characterise EWB, (2) purpose for the review, (3) methods (ie, search strategy, search terms, inclusion and exclusion criteria, extraction strategy, analysis plan), (4) identified measures (number identified in review, names and authors of each, any noted adaptations), (5) the scope of psychometric information presented (any systematic strategy for extracting and coding psychometrics, presence of table or narrative to describe psychometrics, and level of detail in presented information (global summary, detailed psychometrics, global summary with a few examples)), (6) table titles and headings used to present psychometric information (eg, internal consistency, construct validity) and (7) review authors' conclusions about the state of EWB measurement. In addition, citations for the 49 articles were collected to assess the disciplinary focus of the journals publishing the included reviews.

Data analysis

Research question 1: what reviews on EWB subjective report measures exist?

To answer research question 1, we counted the number of reviews, the number of measures within each review and the total number of measures captured across reviews. In addition, using the citations of each article, we used the Web of Science Master Journal List[23] to capture the disciplinary focus of each journal. When journals were indexed in both the Web of Science Social Sciences Citation Index (SSCI) and Science Citation Index Expanded, we used the journal category(ies) identified in the SSCI. Three journals (ie, Innovations in Clinical Neuroscience, Reviews in Clinical Gerontology and Folia Medica) were not indexed by the Web of Science; in these cases, the first and last authors reviewed the aims and scope of each journal to identify corresponding Web of Science categories. Lastly, we used conventional content analysis[24] to code for authors' (1) purpose in conducting the review and (2) conclusions about EWB measurement.

Research question 2: how is EWB defined in existing reviews of EWB measures?

To answer research question 2, we used directed content analysis[24] to code authors' approach to defining EWB or related constructs. First, the extraction of the authors' purpose for conducting the review was used to determine if a goal of the review was to examine definitions or conceptualisations of EWB. If examining definitions was not a review goal, extraction of the EWB definition content from the article was coded as either providing a single definition, presenting multiple definitions or not specifying a definition. For articles in the single definition category, we also coded whether the definition provided was the World Health Organization's (WHO) definition of quality of life[25] because this definition was consistently observed across articles.

Research question 3: what is the scope of validation information and adaptations in existing reviews of EWB measures?

To answer research question 3, we assessed the number of studies that provided psychometric evidence in a table, the narrative or both; the level of detail of this evidence (ie, global summaries, detailed psychometrics or global summaries with a few examples). We also consolidated any reported adaptation by measure (rather than study) to summarise the reported adaptations.

Research question 4: what commonalities and differences are present in the methods used to conduct existing reviews of EWB measures?

To answer research question 4, we used conventional content analysis[24] to code for authors' (1) search and review processes, (2) inclusion and exclusion criteria and (3) analysis procedures. Deductive codes were used for established review practices (eg, PRISMA review, COnsensus-based Standards for the selection of health status Measurement INstruments [COSMIN] checklist,[26] independent two coder review) while inductive codes were used to capture the full breadth of authors' search and analysis processes and inclusion and exclusion criteria.

Patient and public involvement

There was no patient or public involvement in any aspect of this study or its write-up.

RESULTS

What reviews of EWB measures exist

We located 49 review articles of EWB measures. These review articles contained between 1 and 34 EWB measures (M=5.27, SD=6.10). A total of 135 measures of EWB were captured across the review articles (see online supplemental appendix A for complete list). The Satisfaction with Life Scale[27] (included in 14 articles) and World Health Organization Quality of Life-Brief Version (WHOQOL-BREF;[28] included in 13 articles) were the most commonly reported measures.

Authors' purposes for conducting their reviews varied widely. Only 20.4% (n=10) of the 49 articles were broad reviews of instruments that did not focus on a specific population. Close to half (n=22; 44.9%) of the articles looked for measures that could be used with a specific health population (eg, diabetes, dementia, intellectual disabilities). Approximately one-third (n=17; 34.7%) of the articles focused on a specific developmental period (ie, children, adolescents or older people). A smaller number of articles concentrated on one specific instrument (n=5), caregivers (n=3) or a specific cultural population (n=2).

Two phenomena were observed in the included reviews of EWB measures. First, 35 reviews (71.4%) also included measures developed for specific disease populations (eg, diabetics) or HRQOL measures, making their review broader than only measures of EWB. In addition, 12 of the 49 articles (24.5%) included measures of depression, anxiety or other forms of psychopathology to assess well-being or QOL (ie, suggesting that well-being is indicated by the absence of psychopathology). As indicated in our Methods section, these measures were excluded from our counts of EWB measures but are noted in describing the current landscape of reviews of EWB measures.

The 49 articles were published in journals that represent a range of disciplines, including psychology (n=11), health policy and services (n=6) and clinical neurology (n=5). The disciplinary foci of journals publishing these articles are shown in table 1. We found that 35% of these reviews have been published since 2017, suggesting a surge in interest in the topic.

In a majority of the articles (n=43; 87.8%), the authors concluded that further development and refinement of EWB measures is needed. In addition, in nearly one-fourth of the articles (n=12; 24.5%), the authors concluded that there were inadequate or not yet sufficiently studied and validated measures available for specific patient

Table 1 Disciplinary focus of journals publishing included reviews (n=49)

Journal discipline	# of reviews	Percent of included reviews published in this discipline
Psychology	11	22.45
Health policy and services	6	12.24
Clinical neurology	5	10.20
Gerontology	5	10.20
Nursing	5	10.20
Psychiatry	5	10.20
Public, environmental and occupational health	5	10.20
Rehabilitation	5	10.20
Economics	3	6.12
Interdisciplinary social sciences	3	6.12
Multidisciplinary sciences	2	4.08
Paediatrics	2	4.08
Sociology	2	4.08
Special education	2	4.08
Criminology and penology	1	2.04
Endocrinology and metabolism	1	2.04
Family studies	1	2.04
Gastroenterology and hepatology	1	2.04
Healthcare sciences and services	1	2.04
Oncology	1	2.04
Respiratory system	1	2.04
Social sciences, biomedical	1	2.04
Substance abuse	1	2.04
Urology and nephrology	1	2.04

Note. Because the Web of Science sometimes indexes journals in multiple disciplines, totals sum to more than 49 reviews and 100%.

populations. Across reviews, authors also noted the variation in psychometric testing that has been conducted on various measures, with few measures being endorsed as psychometrically sound.

How EWB is defined within included reviews

Authors rarely used the term EWB. Fifteen (30.6%) of the 49 articles focused on mental well-being, psychosocial well-being, subjective well-being and well-being; general mental health and well-being or wellness. Twenty-five (51.0%) of the reviews focused on QOL and three (6.1%) focused on life satisfaction. The remaining six articles (12.2%) focused on behavioural and psychosocial functioning, patient reported outcomes measures, person-centred measures or positive psychology measures.

The definitions used to characterise EWB also varied across the reviews. Consistent with the lack of consensus in the field, one in five reviews (20%) specified that examining definitions was a goal of the review and another 6% presented multiple definitions that were relevant to measurement. Approximately half of the reviews provided a single definition (49%) and these definitions varied considerably. The WHO quality of life definition was cited most frequently, in 14% of the reviews. The WHO defines quality of life as 'an individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns' (Power *et al*, p. 1570).[25] The varied definitions that were extracted from the other reviews are provided in online supplemental materials. These definitions were often multidimensional and spanned various conceptualisations of well-being, from those involving life satisfaction and affective tendencies to those encompassing self-actualisation and purpose in life. Moreover, the varied definitions were instructive with regard to measurement in different populations. For example, Newton *et al*[29] indicate that the social and emotional well-being of Indigenous Australians 'not only takes into account individual functioning but also its connection to the land, culture, ancestry, spirituality, family and community and considers factors such as the collective impact of experiences such as child removals, incarceration, family breakdown, cultural dislocation, racism and social disadvantage.' (p. 41). The remaining 25% of the reviews did not provide any definition, which tended to occur in reviews narrowly focused on a particular measure or psychometric goal.

Scope of psychometric information provided

Based on our inclusion criteria, all included articles provided some psychometric information about included measures. However, the level of detail in these psychometrics varied. The vast majority (98.0%; n=48) of the 49 articles provided psychometric evidence in the narrative of their article. The narratives most commonly presented global summaries (ie, synthesising results across studies; n=22; 44.9%) or global summaries with a few examples (n=15; 30.6%). Fewer than one in five articles (n=9; 18.4%) included detailed psychometrics in their narrative. The remaining articles (n=2) either listed the types of psychometric testing completed, but provided no summary, or summarised psychometric testing across measures rather than indicating what had been completed for individual measures.

In addition, 87.8% (n=43) of articles provided psychometric evidence in one or more tables. These tables most frequently presented global summaries (n=18; 36.7%) or detailed psychometrics (n=15; 30.6%). Less commonly, tables included global summaries with a few examples (n=6; 12.2%) or listed types of psychometric evidence without summarising any results of that testing (n=3; 6.1%). In one case, the article's table indicated whether reliability and validity evidence (grouped together) were 'preliminary' or 'satisfactory'.

Forty of the 49 articles (81.7%) provided psychometric evidence in both the narrative and at least one table. Four articles provided detailed psychometrics in both their table(s) and narrative. Online supplemental appendix B includes the psychometric properties reported in each article as well as the level of detail reported in authors' narratives and tables.

A little under half (n=23; 46.9%) of the 49 articles reported adaptations to one or more of their included EWB measures. Adaptations were most commonly an abbreviated scale (ie, fewer items), language and/or cultural adaptations or adaptations for a different population or developmental period (ie, adolescence). At least five EWB measures (ie, Control, Autonomy, Self-Realisation, Pleasure; Ryff Scales of Psychological Well-being; Satisfaction with Life Scale; McGill Quality of Life Questionnaire; WHOQOL-BREF) are each available in more than 10 languages.

Authors' review methods

The strength and level of detail describing authors' review methods varied across articles. Approximately one-quarter (n=12; 24.5%) of studies reported following PRISMA guidelines. Less formalised language included 'structured', 'comprehensive' or 'integrative' literature searches. Every article (n=49; 100.0%) reported search terms, all but two studies (n=47; 95.9%) reported the databases that they searched, and all but one (n=48; 98.0%) reported inclusion criteria. Inclusion criteria varied across articles. Authors limited their searches to measures and populations that were consistent with the purpose of their review. Approximately one-third (n=17; 34.7%) limited their searches to peer-reviewed articles, and language criteria ranged from English-only articles to no language restrictions. More than half of the articles (n=27; 55.1%) required the presence of psychometric evidence. The same number of articles (n=27; 55.1%) specified using an independent double coding system, either for their full search results or for a percentage of articles (eg, 20%) with disagreements resolved through discussion or consultation with a third researcher. Authors less commonly reported their extraction methods. Finally,

although few articles presented a systematic method for gathering psychometric evidence (n=4; 8.2%), a greater number of articles (n=30; 61.2%) reported a systematic method of evaluating psychometric evidence. Of these, two-thirds reported using an established system of evaluating psychometric evidence (ie, COSMIN checklist, which was used in seven articles) with the remaining 10 articles using a system developed in-house. In addition to extracting psychometric evidence, some authors also extracted sample characteristics, measure length and suitability for specific populations (eg, individuals with intellectual disabilities). Finally, a small number of articles (n=5; 10.2%) also presented qualitative analysis of the domains included on various instruments or theories informing item generation.

DISCUSSION

This scoping review aimed to describe the current landscape of reviews of EWB measures. Following a scoping review process,[15] we identified 49 reviews containing 135 unique EWB measures. Within these reviews, we found there was no consistent definition of EWB, identified measures varied widely and reviews were published in a range of disciplines. Authors commonly focused on measures for specific populations (eg, individuals with a specific disease) and reviews rarely included measures intended to be used across the life course. The scope of reviews often extended beyond EWB, most commonly including disease-specific or HRQOL measures. Reviews varied in the level of psychometric detail provided as well as the rigour of review methods. Overall, we found the literature to be quite diffuse and in need of harmonisation across definitions and measures.

To our knowledge, this is the first scoping review of EWB measurement reviews. Scoping reviews are often used in rapidly emerging fields,[12] and the substantial number of reviews and measures included in this review demonstrates the value of a scoping review to describe the landscape of this field. Our findings on the varying definitions used to characterise EWB are consistent with prior reviews,[30–32] but represent a much wider scope. Instead of focusing on definitions at the level of specific measures, our study examined the conceptual framework that guided each review, and thus reflected how researchers across different disciplines approach EWB measurement. Our findings suggest investigation is needed to tease apart the extent to which different terms are being applied to the same constructs (eg, EWB) and alternatively, the same terms are being applied to different constructs.[33]

Challenges in defining EWB pose major obstacles to advancing the science of EWB, such as limiting comparison of findings across studies or adequate screening and assessment of EWB in applied settings. An interdisciplinary working definition of EWB, such as the one proposed by Park and colleagues,[7] is likely to advance a more cohesive approach to EWB measurement. If this definition takes hold, important next steps to advance EWB measurement will be to identify if and how current measures align with this definition. Subsequently, measure refinement, harmonisation and comprehensive validation will be needed.[9 11] The number of measures identified in this scoping review suggests that harmonisation, rather than additional proliferation, of measures is likely needed. Supporting this work, our scoping review provides a list of 135 EWB measures. We have used this list to create a free, online repository of EWB measures.[34] Considering the findings of this review, when selecting measures for research or applied purposes, users should carefully consider how EWB is being conceptualised.

Along with the contributions of our study, several limitations should be noted. Despite our comprehensive search strategy for peer reviewed literature, examining grey literature may have generated additional insights about the landscape of EWB literature. Although we reported the psychometric properties and level of detail that each review presented, we did not complete our own independent evaluation of measures as it was beyond the scope of this study. Future research is needed to rigorously evaluate the quality of psychometric evidence available for existing EWB measures. Although we observed rigorous psychometric evaluation being conducted in some instances (eg, COSMIN checklist),[26 35 36] these reviews focused on specific populations and therefore did not provide information about the psychometric adequacy of EWB measures for general populations. We also did not address intended use of each instrument (eg, screening, progress monitoring). However, our results indicated that less than half of the included reviews reported measures' sensitivity to change, which suggests a possible gap in psychometric evidence on the use of these tools for progress monitoring and assessing change due to an intervention. Despite identifying 135 measures, it was also beyond the scope of this study to identify the degree to which each of these measures or adaptations have been used. Future research could investigate the use of these measures in research and applied settings. Finally, our study was limited by the inconsistency in EWB definitions across the literature; this made it challenging to arrive at definitive statements about EWB and its measurement. We even observed instances where a measure had not been definitively named by its author[37] and was subsequently given various names by review authors.[31 38]

The results of our scoping review point to several important directions for future research. Our review points to the importance of disentangling the overlap and distinctions between HRQOL and QOL measurement. As also noted by Kaplan and Hays,[39] authors' application of these terms varies and contributes to challenges in identifying and applying measures, as well as comparing results across studies. Our review also suggests the importance of considering the process by which a broad definition of EWB is operationalised in measurement with different populations and in various contexts, such as considering cultural context and stages of lifespan development. For example, we observed reviews focused specifically on

older adults, but questions remain regarding whether EWB is qualitatively different between younger and older adults and how it should be measured in each group. In addition, research is needed to determine if adapting adult measures for children and adolescents is an appropriate practice. Presently, the sensitivity of EWB measures and understanding of EWB trajectories in the development for child populations is unknown.[40] The time scale of subjective measurement is also an important consideration in such research, as traditional questionnaire formats reviewed here are increasingly being adapted for ecological momentary assessment during daily life.[41 42] We observed interest in EWB measurement across many disciplines that, with shared language and conceptualisations, hold the potential to rapidly advance our understanding of EWB.

In conclusion, our scoping review found that the literature on EWB measurement is disjointed and diffuse. Disciplines use varied definitions and measures of EWB, which impedes the comparison of results across studies or the application of existing measures in new settings or studies. Unified language and shared conceptualisations are essential for research findings to be synthesised, generalised and disseminated for application.[33] Therefore, conceptual integration and harmonisation of measures is needed to advance knowledge of EWB and its measurement.

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Contributors All authors listed have made an intellectual contribution to the work and approved it for publication. JBK led data collection, analysis, writing and revisions of the manuscript. JBK is also responsible for the overall content as the guarantor. CDW-M led analysis and writing for research question two and contributed to revisions. PP contributed to the conceptualisation, writing of the introduction and revisions. SG contributed to the conceptualisation, methods for the study and revisions of the manuscript. MYM contributed to conceptualisation and revisions of the manuscript. SMC served as senior author of the study, leading conceptualisation of the study and contributing to data collection, analysis, writing and revision of the manuscript.

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REFERENCES

1 Chida Y, Steptoe A. Positive psychological well-being and mortality: a quantitative review of prospective observational studies. *Psychosom Med* 2008;70:741–56.
2 Cross MP, Hofschneider L, Grimm M. Subjective well-being and physical health. In: Diener E, Oishi S, Tay L, eds. *Handbook of well-being*. Salt Lake City, UT: DEF Publishers, 2018.
3 Ngamaba KH, Panagioti M, Armitage CJ. How strongly related are health status and subjective well-being? systematic review and meta-analysis. *Eur J Public Health* 2017;27:879–85.
4 Pressman SD, Jenkins BN, Moskowitz JT. Positive affect and health: what do we know and where next should we go? *Annu Rev Psychol* 2019;70:627–50.
5 Zaninotto P, Steptoe A. Association between subjective well-being and living longer without disability or illness. *JAMA Netw Open* 2019;2:e196870-e:e196870.
6 Organisation for Economic Co-operation and Development. *How's Life? in OECD countries: OECD*, 2020.
7 Park CL, Kubzansky LD, Chafouleas SM. *Emotional well-being: what it is and why it matters*. Affect Sci, 2022.
8 Rojas Perez OF, Heppner PP, Flores LY. Tu bienestar ES MI bienestar: a psychosociocultural understanding of Latinx immigrant well-being through a qualitative lens. *Journal of Latinx Psychology* 2022;10:140–55.
9 Lucas RE. Reevaluating the strengths and weaknesses of self-report measures of subjective well-being. In: Diener E, Oishi S, Tay L, eds. *Handbook of well-being*. Salt Lake City, UT: DEF Publishers, 2018.
10 Cone JD. The behavioral assessment grid (bag): a conceptual framework and a taxonomy. *Behav Ther* 1978;9:882–8.
11 National Research Council. *Subjective well-being: measuring Happiness, suffering, and other dimensions of experience*. Washington, DC: The National Academies Press, 2013.
12 Munn Z, Peters MDJ, Stern C, *et al*. Systematic review or scoping review? guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol* 2018;18:143.
13 Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol* 2005;8:19–32.
14 Colquhoun HL, Levac D, O'Brien KK, *et al*. Scoping reviews: time for clarity in definition, methods, and reporting. *J Clin Epidemiol* 2014;67:1291–4.
15 Peters MDJ, Godfrey CM, Khalil H, *et al*. Guidance for conducting systematic scoping reviews. *Int J Evid Based Healthc* 2015;13:141-6.

16 Canadian Agency for Drugs and Technologies in Health. *Strings attached: CADTH database search filters [Internet*. Ottawa: CADTH, 2021. https://www.cadth.ca/strings-attached-cadths-database-search-filters#syst
17 Adams RJ, Smart P, Huff AS. Shades of grey: guidelines for working with the grey literature in systematic reviews for management and organizational studies. *International Journal of Management Reviews* 2017;19:432–54.
18 Fryback DG, Dunham NC, Palta M, *et al*. Us norms for six generic health-related quality-of-life indexes from the National health measurement study. *Med Care* 2007;45:1162–70.
19 Izquierdo C. When "health" is not enough: societal, individual and biomedical assessments of well-being among the Matsigenka of the Peruvian Amazon. *Soc Sci Med* 2005;61:767–83.
20 Veritas Health Innovation. *Covidence systematic review software Melbourne*. Australia: Veritas Health Innovation, 2021. www.covidence.org
21 Waters E, Davis E, Ronen GM, *et al*. Quality of life instruments for children and adolescents with neurodisabilities: how to choose the appropriate instrument. *Dev Med Child Neurol* 2009;51:660–9.
22 Cormier JN, Cromwell KD, Ross MI. Health-Related quality of life in patients with melanoma: overview of instruments and outcomes. *Dermatol Clin* 2012;30:viii:245–54.
23 Web of Science. Web of science core collection, 2021. Available: https://mjl.clarivate.com/collection-list-downloads
24 Hsieh H-F, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res* 2005;15:1277–88.
25 Power MJ, Kuyken W, Orley J. The world Health organization quality of life assessment (WHOQOL): development and general psychometric properties. *Soc Sci Med* 1998;46:1569–85.
26 Mokkink LB, Terwee CB, Knol DL, *et al*. The COSMIN checklist for evaluating the methodological quality of studies on measurement properties: a clarification of its content. *BMC Med Res Methodol* 2010;10:22.
27 Pavot W, Diener E. Review of the satisfaction with life scale. *Psychol Assess* 1993;5:164–72.
28 Skevington SM, Lotfy M, O'Connell KA, *et al*. The world Health organization's WHOQOL-BREF quality of life assessment: psychometric properties and results of the International field trial. A report from the WHOQOL group. *Qual Life Res* 2004;13:299–310.
29 Newton D, Day A, Gillies C, *et al*. A review of evidence-based evaluation of measures for assessing social and emotional well-being in Indigenous Australians. *Aust Psychol* 2015;50:40–50.
30 Davis E, Young D, Gilson K-M, *et al*. A Rights-Based approach for service providers to measure the quality of life of children with a disability. *Value Health* 2018;21:1419–27.
31 Lindert J, Bain PA, Kubzansky LD, *et al*. Well-Being measurement and the who health policy health 2010: systematic review of measurement scales. *Eur J Public Health* 2015;25:731–40.
32 Charlemagne-Badal SJ, Lee JW, Butler TL, *et al*. Conceptual domains included in wellbeing and life satisfaction instruments: a review. *Appl Res Qual Life* 2015;10:305–28.
33 National Academies of Sciences, Engineering, and Medicine. *Ontologies in the behavioral sciences: accelerating research and the spread of knowledge*. Washington, DC: The National Academies Press, 2022.
34 M3EWB Network. EWB subjective measures Repository Storrs, CT, 2022. Available: https://m3ewb.research.uconn.edu/ewb-subjective-measures-repository/
35 Mokkink LB, Terwee CB, Patrick DL, *et al*. The COSMIN checklist for assessing the methodological quality of studies on measurement properties of health status measurement instruments: an international Delphi study. *Qual Life Res* 2010;19:539–49.
36 Santana-Berlanga NDR, Porcel-Gálvez AM, Botello-Hermosa A, *et al*. Instruments to measure quality of life in institutionalised older adults: systematic review. *Geriatr Nurs* 2020;41:445–62.
37 Ingersoll-Dayton B, Saengtienchai C, Kespichayawattana J, *et al*. Measuring psychological well-being: insights from Thai elders. *Gerontologist* 2004;44:596–604.
38 Martín-María N, Lara E, Cresswell-Smith J, *et al*. Instruments to evaluate mental well-being in old age: a systematic review. *Aging Ment Health* 2021;25:1191–205.
39 Kaplan RM, Hays RD. Health-Related quality of life measurement in public health. *Annu Rev Public Health* 2022;43:355–73.
40 Kemper AR, Krist AH, Tseng C-W, *et al*. Challenges in developing U.S. preventive services Task force child health recommendations. *Am J Prev Med* 2018;54:S63–9.
41 Conner TS, Barrett LF. Trends in ambulatory self-report: the role of momentary experience in psychosomatic medicine. *Psychosom Med* 2012;74:327–37.
42 Verhagen SJW, Hasmi L, Drukker M, *et al*. Use of the experience sampling method in the context of clinical trials. *Evid Based Ment Health* 2016;19:86–9.

APPENDIX A

Full List of Measures Extracted from Articles

Measure (Acronym)	Citation
Adolescent Quality of Life Instrument (AQoL)	Ward-Smith P, Hamlin J, Bartholomew J, et al. Quality of life among adolescents with cancer. *J Pediatr Oncol Nurs* 2007;24(3):166-71.
Affect and Arousal Scale (AFARS)	Chorpita B F, Daleiden E L, Moffitt C, et al. Assessment of tripartite factors of emotion in children and adolescents I. structure validity and normative data of an affect and arousal Scale. *J Psychopathol Behav Assess* 2000; 22(2), 141–160.
Affect Balance Scale (ABS)	Bradburn NM, Noll CE. The Structure of Psychological Well-Being. Chicago, IL: Aldine Publishing Company 1969.
Affectometer 2	Kammann R, Flett R. Affectometer 2: a scale to measure current level of general happiness. *Aust J Psychol* 1983;35:259–65.
Anamnestic Comparative Self-Assessment Scale (ASCA)	Verhofstadt E, Bleys B, Van Ootegem L. Comparing the anamnestic comparative self-assessment (ACSA) to a conventional happiness question without anchoring. *Appl Res Qual Life* 2019;14: 237–51.
Assessment of Quality-of-Life 6D for adolescents (AQOL 6D)	Moodie M, Richardson J, Rankin B, et al. Predicting time trade-off health state valuations of adolescents in four Pacific countries using the Assessment of Quality-of-Life (AQoL-6D) instrument. *Value Health*. 2010;13(8):1014-27. doi: 10.1111/j.1524-4733.2010.00780.x. Epub 2010 Sep 3. PMID: 20825621.
Assessment of Quality of Life in Pediatrics (AUQUEI)	Manificat S, Dazord A, Cochat P, et al. Evaluation de la qualité de vie en pédiatric: comment recueillir le point de vue de l'enfant [Evaluation of the quality of life in pediatrics: how to collect the point of view of children]. *Arch Pediatr.* 1997;4(12):1238-46. French. doi: 10.1016/s0929-693x(97)82616-4. PMID: 9538430.
Atkinson Life Happiness Rating	Atkinson T. The stability and validity of quality of life measures. *Soc Indic Res* 1982: 10(2), 113-132.
Australian Unity Wellbeing Index: Personal Wellbeing Index	Cummins R, Eckersley R, Pallant J, et al. Developing a national index of subjective wellbeing: The Australian Unity Wellbeing Index. *Soc Indic Res* 2003;64(2):159-190. https://doi.org/10.1023/A:1024704320683
BBC Well-being Scale (BSC)	Kinderman P, Schwannauer M, Pontin E, Tai S. The development and validation of a general measure of well-

	being: the BBC well-being scale. *Qual Life Res* 2011;20(7):1035-42. doi: 10.1007/s11136-010-9841-z. PMID: 21243528.
Belgian Subjective Well-Being Scale	Marcoen A, Van Cotthem K, Billiet K, et al. Dimensies van subjectief welbevinden bij ouderen [Dimensions of subjective well-being in elderly persons]. *Tijdschr Gerontol Geriatr* 2002;33(4):156–165.
Body-Mind-Spirit Wellness Behavior and Characteristic Inventory (BMS-WBCI)	Hey W, Calderon K, Carroll H. Use of body-mind-spirit dimensions for the development of a wellness behavior and characteristic inventory for college students. *Health Promot Pract* 2006;7(1):125-133.
Brief Multi-Dimensional Student Life Satisfaction Scale (BMSLSS)	Seligson J, Huebner E, Valois R. Preliminary validation of the brief multidimensional students' life satisfaction scale (BMSLSS). *Soc Indic Res* 2003;61(2):121-145.
Cantril Self-Anchoring Striving Scale (CL)	Cantril H. The Pattern of Human Concerns. New Brunswick, NJ: Rutgers University Press; 1966.
Caregiver Quality of Life Index (CQLI)	McMillan SC, Mahon M. The impact of hospice services on the quality of life of primary caregivers. *Oncol Nurs Forum*. 1994;21:1189-1195.
Caregiver Well-being Scale (2nd Version)	Tebb S. An aid to empowerment: a caregiver well-being scale. *Health Soc Work* 1995;20(2):87–92.
Caregiver Well-Being Scale: Short Form Rapid Assessment	Tebb SS, Berg-Weger M, Rubio DM. The caregiver well-being scale: developing a short-form rapid assessment instrument. *Health Soc Work* 2013;38(4):222-230.
Caregiver Well-Being Scale	Tebb S. An aid to empowerment: A caregiver well-being scale. *Health Soc Work* 1995;20(2):87-92.
Caregiver-targeted Quality-of-life measure (CGQOL)	Vickrey B, Hays R, Maines M, et al. Development and preliminary evaluation of a quality of life measure targeted at dementia caregivers. *Health Qual Life Outcomes* 2009;7(56). doi:10.1186/1477-7525-7-56
Carer Well-Being and Support questionnaire (CWS)	Quirk A, Smith SC, Hamilton S, et al. Development of the carer well-being and support (CWS) questionnaire. *Ment Health Rev (Brighton)* 2012;17:128-138.
Child and adolescent wellness scale (CAWS)	Copeland EP, Nelson RB, Traughber MC. Wellness dimensions relate to happiness in children and adolescents. *Advances in School Mental Health Promotion*. 2010;3(4):25-37.
Chinese Aging Well Profile (CAWP)	Ku PW, Fox KR, McKenna J. Assessing subjective well-being in Chinese older adults: the Chinese aging well profile. *Soc Indic Res*. 2008;87:445-460.

Comprehensive Quality of Life Scale-Intellectual Disability (ComQol-ID)	Cummins R. The comprehensive quality of life scale - intellectual disability: an instrument under development. *J Intellect Dev Disabil* 1991;17:2:259-264.
Comprehensive Quality of Life Scale	Cummins, R.A. The comprehensive quality of life scale – adult (5th ed.). Melbourne: Deakin University 1997.
Con-Dis device for measuring perceived well-being	Reijula J, Rosendahl T, Reijula K, et al. A simple and countable method for the assessment of perceived well-being among elderly people. *International Journal on Smart Sensing and Intelligent Systems* 2017;2(2).
Congruity Life Satisfaction Scale	Meadow HL, Mentzer JT, Rahtz DR, et al. A life satisfaction measure based on judgment theory. *Soc Indic Res* 1992;26(1):23-59.
Control, Autonomy, Self-realization, Pleasure (CASP-19)	Hyde M, Wiggins RD, Higgs P, et al. A measure of quality of life in early old age: the theory, development and properties of a needs satisfaction model (CASP-19). *Aging Ment Health* 2003;7(3):186-94.
Cuestionario de Evaluacion de Calidad de Vida en Contexto Residencial (CECAVIR)	Molero MD, Pérez-Fuentes MD, Gázquez JJ, et al. Construcción y validación inicial de un cuestionario para evaluar la Calidad de Vida en mayores institucionalizados. *Eur J Investig Health Psychol Educ* 2015;2(2):53-65.
EPOCH Measure of Adolescent Well-Being (EPOCH)	Kern ML, Benson L, Steinberg EA, et al. The EPOCH measure of adolescent well-being. *Psychol Assess* 2016;28(5):586-97.
Escala Bienestar Personal (EBP)	Fierro A, Rando B. Escala eudemon de bienestar personal: características psicométricas [eudemon scale of personal well-being: psychometric characteristics]. *Anuario de Psicología* 2007;38(3): 401–412.
Evaluation of Quality of Life Instrument (EQLI)	Nota L, Soresi S, Perry J. Quality of life in adults with an intellectual disability: the evaluation of quality of life instrument. *J Intellect Disabil Res* 2006;50(5):371-85.
Extended Satisfaction With Life Scale (ESWLS)	Alfonso VC, Allison DB, Rader DE, et al. The extended satisfaction with life scale: development and psychometric properties. *Soc Indic Res* 1996;38(3):275-301.
Family Caregiver of Life Scale (FAMQOL)	Nauser JA, Bakas T, Welch JL. A new instrument to measure quality of life of heart failure family caregivers. *J Cardiovasc Nurs* 2011;26(1):53-64.
Ferrans and Powers Quality of Life Index (Ferrans and Powers QLI)	Ferrans CE, Powers MJ. Quality of life index: development and psychometric properties. *ANS Adv Nurs Sci* 1985;8:15-24.

Five-Factor WEL (5F-Wel)	Hattie JA, Myers JE, Sweeney TJ. A factor structure of wellness: Theory, assessment, analysis, and practice. *J Couns Dev* 2004;82(3):354-64.
Four-Factor WEL (4F-WEL)	Myers JE, Luecht RM, Sweeney TJ. The factor structure of wellness: reexamining theoretical and empirical models underlying the wellness evaluation of lifestyle (WEL) and the five-factor Wei. *Meas Eval Couns Dev* 2004;36(4):194-208.
Friedman Well-Being Scale	Friedman PH. Friedman well-being scale and professional manual, foundation for well–being. *Eur Rev Soc Psychol* 1992;4:1-26.
Gallup Healthways Well-Being Index (WBI)	Harter JK, Gurley VF. Measuring well-being in the United States. *APS Observer* 2008;21(8).
General Well-being Schedule (GWB)	Dupuy HJ. The General Well-Being Schedule. In McDowell I, Newell C, eds. Measuring Health: A Guide to Rating Scales and Questionnaire (2nd ed). New York City, NY: Oxford University Press 1977;206-13.
Generic Children's Quality of Life Measure (GCQ)	Collier J, MacKinlay D, Phillips D. Norm values for the generic children's quality of life measure (GCQ) from a large school-based sample. *Qual Life Res* 2000;9(6):617-23.
Gothenburg Quality of Life Measurement Scale (GQL)	Tibblin G, Tibblin B, Peciva S, et al. " The göteborg quality of life instrument"--an assessment of well-being and symptoms among men born 1913 and 1923. methods and validity. *Scand J Prim Health Care Suppl* 1990;1:33-8.
How Are You? (HAY)	Maes S, Bruil J. Assessing the quality of life in children with a chronic illness. In: Rodriguez-Marin J, ed. Health Psychology and Quality of Life Research. Alicante, Spain: Health Psychology Department, University of Alicante; 1995;637–52.
ICEpop CAPability measure for Adults (ICECAP-A)	Al-Janabi H, Flynn TN, Coast J. Development of a self-report measure of capability wellbeing for adults: the ICECAP-A. *Qual Life Res* 2012;21(1):167-76.
ICEpop CAPability measure for older people (ICECAP-O)	Coast J, Peters TJ, Natarajan L, et al. An assessment of the construct validity of the descriptive system for the ICECAP capability measure for older people. *Qual Life Res* 2008;17(7):967-76.
Index of General Affect	Campbell A. Subjective measures of well-being. *American Psychologist.* 1976;31(2):117-24.
Infant and Toddler Quality of Life Questionnaire (ITQOL)	Landgraf JM, Abetz L. The infant/toddler quality of life questionnaire: conceptual framework, logic, content, and preliminary psychometric results. final report to Schering-

	Plough Laboratories and Health Technology Associates. Boston: New England Medical Center. 1994.
Integration Inventory (II)	Ruffing-Rahal MA. Initial psychometric evaluation of a qualitative well-being measure: the integration inventory. *Health Values* 1991;15(2):10-20.
Interactive Computerized Quality of life Scale-SF (ICQOL-SF)	Jamison RN, Fanciullo GJ, McHugo GJ, et al. Validation of the short-form interactive computerized quality of life scale (ICQOL-SF). *Pain Med* 2007;8(3):243-50.
Koskenvuo Quality of Life Scale	Kaprio J, Koskenvuo M, Artimo M, et al. The Finnish Twin Registry: Baseline Characteristics. Section I. Materials, Methods, Representativeness and Results for Variables Special to Twin Studies. Helsinki: Helsingin yliopiston monistuspalvelu, 1979.
Kuwaiti Raha Scale (KRS)	Ridha H, Al Naser F, Figley CR. Developing a measure of contentment in an arab muslim country: implications for cross-cultural research in social work. *European Journal of Social Work* 2008;11(4):459-67.
Lancashire Quality of Life Profile-modified (LQoLP-modified)	Van Nieuwenhuizen C, Schene AH, Koeter MW, et al. The lancashire quality of life profile: modification and psychometric evaluation. *Soc Psychiatry Psychiatr Epidemiol* 2001;36(1):36-44.
Life Dimensions Questionnaire (LDQ-30)	Roberts RE, Pascoe GC, Attkisson CC. Relationship of service satisfaction to life satisfaction and perceived well-being. *Eval Program Plann* 1983;6(3-4):373-83.
Life Orientation Test-Revised (LOT-R)	Scheier MF, Carver CS, Bridges MW. Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): a reevaluation of the life orientation test. *J Pers Soc Psychol* 1994;67(6):1063-78.
Life Orientation Test (LOT)	Scheier MF, Carver CS. Optimism, coping, and health: assessment and implications of generalized outcome expectancies. *Health Psychology* 1985;4(3):219-47.
Life Orientation Test of Optimism and Pessimism - Revised (LOT-R)	Scheier MF, Carver CS, Bridges MW. Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): a reevaluation of the Life Orientation Test. *J Pers Soc Psychol* 1994;67:1063–78.
Life Satisfaction Index	Neugarten BL, Havighurst RJ, Tobin SS. The measurement of life satisfaction. *J Gerontol* 1961.
Life Satisfaction Index Third Age (LSITA)	Barrett AJ, Murk PJ. Life Satisfaction Index for the Third Age (LSITA): A Measurement of Successful Aging. In Isaac EP,

	ed. Proceedings of the 2006 Midwest Research-to-Practice Conference in Adult, Continuing, and Community Education. St. Louis, MO: University of Missouri 2006:7-12.
Life Satisfaction Matrix	Lyons G. The life satisfaction matrix: an instrument and procedure for assessing the subjective quality of life of individuals with profound multiple disabilities. *J Intellect Disabil Res* 2005;49(10):766-9.
Life Satisfaction Scale (LSS)	Heal LW, Chadsey-Rusch J. The lifestyle satisfaction scale (LSS): assessing individuals' satisfaction with residence, community setting, and associated services. *Appl Res Ment Retard* 1985;6(4):475-90.
Lifestyle Assessment Questionnaire (LAQ)	Mackie PC, Jessen EC, Jarvis SN. The Lifestyle Assessment Questionnaire (LAQ-CP) Manual. Newcastle upon Tyne: North of England Collaborative Cerebral Palsy Survey 1998:2-5.
Life Satisfaction Index (LSI)	Neugarten BL, Havighurst RJ, Tobin SS. The measurement of life satisfaction. *J Gerontol* 1961;16:134-43.
Linear Analog Self-Assessment	Locke DE, Decker PA, Sloan JA, et al. Validation of single-item linear analog scale assessment of quality of life in neuro-oncology patients. *J Pain Symptom Manage* 2007;34(6):628-638. doi:10.1016/j.jpainsymman.2007.01.016
Manchester Short Assessment of Quality of Life (MANSA)	Priebe S, Huxley P, Knight S, et al. Application and results of the manchester short assessment of quality of life (MANSA). *Int J Soc Psychiatry* 1999;45(1):7-12.
Maryland Ask Me! Project (MAMP)	Bonham GS, Basehart S, Schalock RL, et al. Consumer-based quality of life assessment: the Maryland ask me! project. *Ment Retard* 2004;42(5):338-55.
McGill Quality of Life Questionnaire (MQOL)	Cohen SR, Mount BM, Strobel MG, et al. The mcgill quality of life questionnaire: a measure of quality of life appropriate for people with advanced disease. a preliminary study of validity and acceptability. *Palliat Med* 1995;9(3):207-19.
Meaning in Life Questionnaire (MLQ)	Steger MF, Frazier P, Oishi S, et al. The meaning in life questionnaire: assessing the presence of and search for meaning in life. *J Couns Psychol* 2006;53(1):80-93.
Meaning in Life Scale (MLS)	Lee SE, Hong, G. Development of the meaning in life scale for older adults. *J Korean Acad Nurs* 2017;47(1):86–97.
Mental Health Continuum-Short Form (MHC-SF)	Lamers SMA, Westerhof GJ, Bohlmeijer ET, et al. Evaluating the psychometric properties of the mental health continuum-short form (MHC-SF). *J Clin Psychol*. 2011;67(1):99–110.

Mental Health Inventory (MHI)	Veit CT, Ware JE. The structure of psychological distress and well-being in general populations. *J Consult Clin Psychol* 1983;51(5):730-42.
Modular System for Quality of Life (MSQOL)	Pukrop R, Möller HJ, Steinmeyer EM. Quality of life in psychiatry: a systematic contribution to construct validation and the development of the integrative assessment tool "modular system for quality of life". *Eur Arch Psychiatry Clin Neurosci* 2000;250(3):120-32.
Multicultural Quality of Life Index (MQLI)	Mezzich JE, Cohen NL, Ruiperez MA, et al. The multicultural quality of life index: presentation and validation. *J Eval Clin Pract* 2011;17(2):357-64.
Multidimensional Personality Questionnaire Well-being Scale (MPQ-WB)	Sellbom M, Ben-Porath, YS. Mapping the MMPI-2 restructured clinical scales onto normal personality traits: evidence of construct validity. *J Pers Assess* 2005;85(2):179–87.
Multi-dimensional Student Life Satisfaction Scale (MSLSS)	Huebner ES. Preliminary development and validation of a multidimensional life satisfaction scale for children. *Psychol Assess* 1994;6(2):149-58.
Multifaceted Life Satisfaction Scale (MLSS)	Harner CJ, Heal LW. The multifaceted lifestyle satisfaction scale (MLSS): Psychometric properties of an interview schedule for assessing personal satisfaction of adults with limited intelligence. *Res Dev Disabil* 1993;14(3):221-36.
Nordic Quality of Life Questionnaire for Children	Lindström B, Eriksson B. Quality of life among children in the Nordic countries. *Qual Life Res* 1993;2(1):23-32.
Older People's Quality of Life questionnaire (OPQOL)	Bowling A. The psychometric properties of the older people's quality of life questionnaire, compared with the CASP-19 and the WHOQOL-OLD. *Curr Gerontol Geriatr Res* 2009; 298950.
Orientation to Happiness Scale (OTH)	Peterson C, Park N, Seligman ME. Orientations to happiness and life satisfaction: the full life versus the empty life. *J Happiness Stud* 2005;6(1):25-41.
Positive and Negative Affect Scale - child version (PANAS-C)	Laurent J, Catanzaro SJ, Joiner Jr TE, et al. A measure of positive and negative affect for children: scale development and preliminary validation. *Psychol Assess* 1999;11(3):326-338.
Pediatric Quality of Life Enjoyment and Satisfaction Questionnaire (PQ-LES-Q)	Endicott J, Nee J, Yang R, et al. Pediatric quality of life enjoyment and satisfaction questionnaire (PQ-LES-Q): reliability and validity. *J Am Acad Child Adolesc Psychiatry* 2006;45(4):401-7.

Perceived Life Satisfaction Scale (PLSS)	Adelman HS, Taylor L, Nelson P. Minors' dissatisfaction with their life circumstances. *Child Psychiatry Hum Dev* 1989;20(2):135-47.
Perceived Well-Being Scale (PWB)	Reker GT, Wong PT. Psychological and physical well-being in the elderly: the perceived well-being scale (PWB). *Can J Aging* 1984;3(1):23-32.
Perceived Wellness Survey (PWS)	Adams T, Bezner J, Steinhardt M. The conceptualization and measurement of perceived wellness: integrating balance across and within dimensions. *Am J Health Promot* 1997;11(3):208-18.
Personal Outcome Scale (POS)	Van Loon J, Van Hove G, Schalock R, et al. Personal Outcomes Scale: Administration and Standardization Manual. Ghent, Netherlands: Stichting Arduin. 2009.
PGI well-being scale (PGI)	Verma SK, Dubey BL, Gupta D. P.G.I. general wellbeing scale. *Indian J Clin Psychol* 1983;10:299–304.
Physiological Measure of Subjective Well-Being of Persons with Profound Intellectual or Multiple Disabilities	Vos P, De Cock P, Petry K, et al. Do you know what I feel? A first step towards a physiological measure of the subjective well-being of persons with profound intellectual and multiple disabilities. *J Appl Res Intellect Disabil* 2010;23(4):366-78.
Pictures Child's Quality of Life Self Questionnaire (AUQUEI)	Magnificat S, Dazord A. Children's quality of life assessment: preliminary results obtained with the AUQUEI questionnaire. *QOL Newsletter* 1998;15:2–3.
Positive and Negative Affect Schedule (PANAS)	Watson D, Clark LA, Tellegen A. Development and validation of brief measures of positive and negative affect: the PANAS scales. *J Pers Soc Psychol* 1988;54(6):1063-1070.
Positive Mental Health Measurement Scale (PMH)	Vaingankar JA, Subramaniam M, Chong SA, et al. The positive mental health instrument: development and validation of a culturally relevant scale in a multi-ethnic Asian population. *Health Qual Life Outcomes* 2011;9(1):1-8.
Positive Valuation of Life Scale (VoL)	Lawton MP, Moss M, Hoffman C, et al. Valuation of life: a concept and a scale. *J Aging Health* 2001;13(1):3-31.
Public Health Surveillance Well-being Scale (PHS-WB)	Bann CM, Kobau R, Lewis MA, et al. Development and psychometric evaluation of the public health surveillance well-being scale. *Qual Life Res* 2012;21(6):1031-43.
QUALIDEM	Ettema TP, Dröes RM, De Lange J, et al. QUALIDEM: development and evaluation of a dementia specific quality of life instrument. scalability, reliability and internal structure. *Int J Geriatr Psychiatry* 2007;22(6):549-56.

QUALIN	Manificat S, Dazord A, Langue J, et al. Evaluation de la qualite de vie du nourrisson et du tres jeune enfant: validation d'un questionnaire. Etude multicentrique europeenne (Assessing infant's quality of life: validation of a new questionnaire. A multicentric European study). *Arch Pediatrie* 2000;7:605e14.
Quality of Life Assessment Form	McGuire BE, Choon G, Akuffo E. Community living for elderly people with an intellectual disability: a pilot study. *J Intellect Dev Disabil* 1991;17(1):25-33.
Quality of Life Assessment Schedule (QOLAS)	Selai CE, Trimble MR, Rossor MN, et al. Assessing quality of life in dementia: preliminary psychometric testing of the quality of life assessment schedule (QOLAS). *Neuropsychol Rehabil* 2001;11(3-4):219-43.
Quality of Life Assessment Tool	Johnson R, Cocks H. Quality of Life: An Assessment Strategy. Users Manual. Challenge Foundation, Armidale. 1989.
Quality of Life, Enjoyment and Satisfaction Questionnaire (Q-LES-Q)	Endicott J, Nee J, Harrison W, et al. Quality of life enjoyment and satisfaction questionnaire: a new measure. *Psychopharmacol Bull* 1993;29(2):321-6.
Quality of Life Index	Padilla GV, Presant C, Grant MM, et al. Quality of life index for patients with cancer. *Res Nurs Health* 1983;6(3):117–26.
Quality of Life Instrument	Janssen CG, Vreeke GJ, Resnick S, et al. Quality of life of people with mental retardation–residential versus community living. *The British Journal of Developmental Disabilities* 1999;45(88):3-15.
Quality of Life Interview Schedule (QUOLIS)	Ouellette-Kuntz H. A pilot study in the use of the quality of life interview schedule. *Soc Indic Res* 1990;23(3):283-98.
Quality of Life Interview-Brief Version (QOLI-BV)	Lehman AF. A quality of life interview for the chronically mentally ill. *Eval Program Plann* 1988;11(1):51-62.
Quality of Life Inventory (QOLI)	Frisch MB, Cornell J, Villanueva M, et al. Clinical validation of the quality of life inventory. a measure of life satisfaction for use in treatment planning and outcome assessment. *Psychol Assess* 1992;4(1):92-101.
Quality of Life Profile Adolescent Version	Raphael D, Rukholm E, Brown I, et al. The quality of life profile—adolescent version: background, description, and initial validation. *J Adolesc Health* 1996;19(5):366-75.

Quality of Life Questionnaire	Brown RI, Bayer MB. Rehabilitation Questionnaire Manual: A Personal Guide to the Individual's Quality of Life: A Review of the Consumer's Perspective. Captus Press; 1992.
Quality of My Life questionnaire (QoML)	Feldman BM, Grundland B, McCullough L, et al. Distinction of quality of life, health related quality of life, and health status in children referred for rheumatologic care. *J Rheumatol* 2000; 27: 226–33.
Ryffs Scales of Psychological Well-Being-18 (RPWB)	Ryff CD, Keyes CL. The structure of psychological well-being revisited. *J Pers Soc Psychol* 1995;69(4):719-27.
Ryffs Scales of Psychological Well-Being-54 (RPWB)	Ryff CD, Keyes CL. The structure of psychological well-being revisited. *J Pers Soc Psychol* 1995;69(4):719-27.
Ryffs Scales of Psychological Well-Being-84 (RPWB)	Ryff CD, Keyes CL. The structure of psychological well-being revisited. *J Pers Soc Psychol* 1995;69(4):719-27.
Salamon-Conte Life Satisfaction in the Elderly Scale (SCLSES)	Conte VA, Salamon MJ. An objective approach to the measurement and use of life satisfaction with older persons. *Measurement and Evaluation in Guidance* 1982;15(3):194-200.
Satisfaction With Life Scale (SWLS)	Pavot W, Diener E. Review of the satisfaction with life scale. *Psychol Assess* 1993;5(2):164–72.
Scale of Happiness of the Memorial University of Newfoundland (MUNSH)	Kozma A, Stones MJ. The measurement of happiness: Development of the Memorial University of Newfoundland Scale of Happiness (MUNSH). *J Gerontol* 1980;35(6):906-12.
Schedule for Evaluation of Individual QOL-Direct Weight (SEIQOL-DW)	O'Boyle CA. The schedule for the evaluation of individual quality of life (SEIQoL): the concept of quality of life in clinical research. *Int. J. Ment. Health* 1994;23(3):3-23.
Self-evaluation of Quality of Life (SEQOL)	Ventegodt S, Merrick J, Andersen NJ. Measurement of quality of life III. From the IQOL theory to the global, generic SEQOL questionnaire. *ScientificWorldJournal* 2003;3:972-91.
Sense of Coherence Scale (SOC)	Antonovsky A. The structure and properties of the sense of coherence scale. *Soc Sci Med* 1993;36(6):725-33.
Sense of Well-Being Inventory (SWBI)	Rubin SE, Chan F, Bishop M, et al. Psychometric validation of the sense of well-being inventory for programme evaluation in rehabilitation. *Professional Rehabilitation* 2003;11:54– 59.
Social and Emotional Well-Being Module	Australian Institute of Health Welfare. Measuring the social and emotional wellbeing of Aboriginal and Torres Strait

	Islander peoples. Canberra: Australian Institute of Health and Welfare. 2009. http://www.aihw.gov.au/publication-detail/?id=6442468208 (accessed 7 Feb 2022).
Social and Emotional Health Survey (SEHS)	Furlong MJ, You S, Renshaw TL, et al. Preliminary development and validation of the social and emotional health survey for secondary school students. *Soc Indic Res* 2014;117(3):1011-32.
SPF-IL	Nieboer A, Lindenberg S, Boomsma A, et al. Dimensions of well-being and their measurement: the SPF-IL scale. *Soc Indic Res* 2005;73(3):313-53.
Strong Souls	Thomas A, Cairney S, Gunthorpe W, et al. Strong souls: development and validation of a culturally appropriate tool for assessment of social and emotional well-being in Indigenous youth. *Aust N Z J Psychiatry* 2010;44(1):40-8.
Student Life Satisfaction Scale (SLSS)	Huebner ES. Initial development of the student's life satisfaction scale. *Sch Psychol Int* 1991;12(3):231-240.
Subjective Happiness Scale (SHS)	Lyubomirsky S, Lepper HS. A measure of subjective happiness: preliminary reliability and construct validation. *Soc Indic Res* 1999;46(2):137-55.
Subjective Quality of Life Profile (SQLP)	Dazord A, Gerin P, Boissel JP. Subjective quality of life assessment in therapeutic trials: presentation of a new instrument in France (SQLP: subjective quality of life profile) and first results. *Quality of Life Assessment: International Perspectives* 1994;185–95.
Thai Elders Psychological Well-Being measure	Ingersoll-Dayton B, Saengtienchai C, Kespichayawattana J, et al. Measuring psychological well-being: insights from Thai elders. *Gerontologist* 2004;44(5):596-604.
Thriving of Older People Assessment Scale (TOPAS)	Bergland Å, Kirkevold M, Sandman PO, et al. The thriving of older people assessment scale: validity and reliability assessments. *J Adv Nurs* 2015;71(4):942-51.
Valuation Of Life Scale (VOL)	Lawton MP, Moss M, Hoffman C, et al. Valuation of life: a concept and a scale. *J Aging Health* 2001;13(1):3-31.
Visual Analog Scale on Quality of Life (VAS)	Scott J, Huskisson EC. Graphic representation of pain. *Pain* 1976;2(2):175–84.
Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)	Tennant R, Hiller L, Fishwick R, et al. The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation. *Health Qual Life Outcomes* 2007;5(63). https://doi.org/10.1186/1477-7525-5-63

Warwick-Edinburgh Mental Well-Being Scale Short Version (SWEMWBS)	Stewart-Brown S, Tennant A, Tennant R, et al. Internal construct validity of the Warwick-Edinburgh mental well-being scale (WEMWBS): A rasch analysis using data from the Scottish health education population survey. *Health Qual Life Outcomes* 2009;7:1–8.
Well-Being Questionnaire (W-BQ)	Bradley C. The 12-item well-being questionnaire: origins, current stage of development, and availability. *Diabetes Care* 2000;23:875
Wellness Evaluation of Lifestyle (WEL)	Myers JE, Sweeney TJ, Witmer JM. The wheel of wellness counseling for wellness: a holistic model for treatment planning. *J Couns Dev* 2000;78(3):251-66.
Wellness Index	Slivinske LR, Fitch VL, Morawski DP. The wellness index: developing an instrument to assess elders' well-being. *J Gerontol Soc Work* 1996;25(3-4):185-204.
WHO Quality of Life Scale - Older population (WHOQOL-OLD)	Power M, Quinn K, Schmidt S. Development of the WHOQOL-old module. *Qual Life Res* 2005;14(10):2197-214.
WHO-5 Well-being Index (WHO-5)	Topp CW, Østergaard SD, Søndergaard S, et al. The WHO-5 well-being index: a systematic review of the literature. *Psychother Psychosom* 2015;84(3):167-76.
WHOQOL-100	Power M, Kuyken W, Orley J, et al. The World Health Organization quality of life assessment (WHOQOL): development and general psychometric properties. *Soc Sci Med* 1998;46(12):1569-85.
WHOQOL-Bref	The Whoqol Group. The World Health Organization quality of life assessment (WHOQOL): development and general psychometric properties. *Soc Sci Med* 1998;46(12):1569-85.
Youth Quality of Life instrument - Research version (YQoL-R)	Patrick DL, Edwards TC, Topolski TD. Adolescent quality of life, part II: initial validation of a new instrument. *J Adolesc* 2002;25(3):287-300.

Supplemental Materials

Definitions extracted from reviews organized by topic code

Article Citation	Topic Code	Definition
Afentou N, Kinghorn P. A systematic review of the feasibility and psychometric properties of the ICEpop CAPability Measure for Adults and its use so far in economic evaluation. *Value Health* 2020;23(4):515-26.	EWB	"The capability approach is a theoretical framework developed by Amartya Sen; the approach is premised on a distinction between what people are able to do (capability) and what they actually choose to do (functioning) (Sen, 1993). The approach introduces the importance of freedom and choice by advocating the assessment of capability (where possible) rather than functioning in public policy (Sen, 1983) ...The ICEpop CAPability measure for Adults (ICECAP-A) is a self-reported measure of capability well-being for the adult population, published in 2012. It comprises 5 attributes: attachment (love, friendship, and support), autonomy (independence), enjoyment (pleasure), stability (feeling settled and secure), and achievement (progress)." (p. 515-516)
Bentley N, Hartley S, Bucci S. Systematic review of self-report measures of general mental health and wellbeing in adolescent mental health. *Clin Child Fam Psychol Rev* 2019;22(2):225-52.	EWB	"...the concept of an individual's mental well-being is increasingly becoming the focus of mental health service policy and there has been a shift to a more holistic approach, which takes into consideration well-being, recovery, social functioning, relationships and quality of life (Department of Health, 2011; McCauley et al., 2017). The recovery approach proposes that recovery in mental health involves looking beyond the attenuation of symptoms and acknowledging individual's abilities, interests, hopes and aspirations; recovery involves return of social roles and relationships that add value and meaning to one's life (Repper and Perkins, 2003)." (p. 226) [In Methods] "For the purpose of this review, wellbeing included factors such as role functioning, social functioning, general as well as psychological measures of wellbeing, relationships with others, autonomy, social support, self-perception, school environment, financial resources, physical activity, quality of life, and so on (see Table 1)." (p. 227)
Crouch MK, Mack DE, Wilson PM, et al. Variability of coefficient	EWB	"Historically, conceptions of wellbeing have been concerned with subjective wellbeing, which primarily focuses on positive and negative affect combined with life satisfaction

alpha: An empirical investigation of the scales of psychological wellbeing. *Rev Gen Psychol* 2017;21(3):255-68.		(Ryan & Deci, 2001). More recently, researchers have embraced eudaimonic views of wellbeing that centralize their focus on issues of self-realization and maximizing personal potential (Ryan & Deci, 2001; Ryff, 1989). With this in mind, Ryff (1989) drew from the fields of humanistic, existential, developmental, and clinical psychology to develop a theoretically driven self-report instrument combining the overlapping themes from these respective fields. The result was the development of a new instrument (named the scales of Psychological Wellbeing [PWB; Ryff, 1989]) that consists of six subscales: autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance." (p. 255)
Flynn S, Vereenooghe L, Hastings RP, et al. Measurement tools for mental health problems and mental well-being in people with severe or profound intellectual disabilities: A systematic review. *Clin Psychol Rev* 2017;57:32-44.	EWB	"Mental well-being is, '...a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' (WHO, 2014)." (p. 34)
Martín-María N, Lara E, Cresswell-Smith J, et al. Instruments to evaluate mental well-being in old age: a systematic review. *Aging Ment Health* 2021;25(7):1191-205.	EWB	"Mental well-being in older age has been found to be both dynamic and multi-dimensional (Lara et al., 2020) along three perspectives: evaluative well-being (or life satisfaction) (Diener, Emmons, Larsen, & Griffin, 1985), hedonic well-being (the moment-to-moment experience of positive emotions) (McMahan & Estes, 2012), and eudaimonic well-being (competence and personal development, meaning in life, and fulfillment of the own potential) (Ryan & Deci, 2001; Ryff, 1989)." (p. 1191)
Newton D, Day A, Gillies C, et al. A review of evidence-based evaluation of measures for assessing social and emotional well-being in indigenous Australians. *Aust Psychol* 2015;50(1):40-50.	EWB	"Social and emotional well-being (SEWB) is a concept that has been used to capture a broader understanding of health within a cultural and historic context (Australian Institute of Health Welfare, 2009). It not only takes into account individual functioning but also its connection to the land, culture, ancestry, spirituality, family, and community (Kelly, Dudgeon, Gee, & Glaskin, 2009; Social Health Reference Group for National Aboriginal and Torres Strait Islander Health Council and national Mental Health Working Group, 2004) and considers factors such as the collective impact of experiences such as child

		removals, incarceration, family breakdown, cultural dislocation, racism, and social disadvantage." (p. 40-41)
Rose T, Joe S, Williams A, et al. Measuring mental wellbeing among adolescents: A systematic review of instruments. *J Child Fam Stud* 2017;26(9):2349-62.	EWB	"The commonality among most of these models is in their assessment of areas of both feeling and functioning which is congruent with a general framework for mental wellbeing proposed by Ryan and Deci (2001). Based on this framework, mental wellbeing is a complex construct, grounded in both the hedonic and eudaimonic perspectives (Ryan and Deci 2001; Stewart-Brown 2017), which are complementary and when combined, best reflect the construct. Hedonic refers to feelings, or emotional wellbeing, and is manifested in the form of positive and negative affect and life satisfaction, for example. Feelings are perceived as a state of mind that may vary according to the situation, which often times may be out of the individual's control (Stewart-Brown 2017). Eudaimonic is related to individual functioning, both on a personal and social level (e.g., psychological wellbeing, social wellbeing). This form of well-being is achieved through the self-development of character traits and behavior (Stewart-Brown 2017). Individuals are described as functioning well, for example, when they have a sense of purpose and direction, are self-determined, and can form positive relationships with others (Ryff 1989). Social wellbeing, another key aspect of functioning, covers wider social relationships rather than close friends and family relationships and is evaluated using more public or social criteria, such as the degree to which an individual feels accepted by their communities and can acknowledge their contribution to society (Keyes 2002). The Ryan and Deci framework will be used to guide the assessment of instruments in the current review, in terms their preponderance of feeling and functioning. As evidenced by the literature, many terms have been used across disciplines and jurisdictions to reflect the positive side of mental health including mental wellness, mental wellbeing, and positive mental health. Though these terms are mainly synonymous, mental health is oftentimes viewed in the broader literature as encompassing both positive and negative aspects of mental health (Stewart-Brown 2017). Thus, for the purpose of this review, we use the term mental wellbeing." (p. 2350)
Proctor C, Linley PA, Maltby J. Youth life satisfaction measures: A	LS	"Diener, Suh, Lucas, and Smith (1999) defined subjective well-being as a tripartite category of phenomena which includes positive affect (e.g., joy, optimism), negative affect (e.g., sadness, anger), and LS (i.e., evaluation of life as a whole)... Life satisfaction...is

review. *J Posit Psychol* 2009;4(2):128-44.		based on overall cognitive appraisals of quality of life and, thus, typically not susceptible to change due to short-term emotional reactions to life events. Therefore, LS is considered not only to be a more stable component (Eid & Diner, 2004), but also the key indicator of positive SWB (Diener & Diener, 1995), and consequently the indicator most amenable for inclusion in studies of youths' perceptions of their life circumstances (Huebner, 2006). Life satisfaction is the cognitive assessment of one's life as a whole (Shin & Johnson, 1978). In arriving at overall evaluations of life, individuals typically use their own set of criteria and standards in weighting the different aspects of their lives (Diener et al., 1985; Pavot & Diener, 1993; Shin & Johnson, 1978)." (p. 129)
Wallace KA, Wheeler AJ. Reliability generalization of the Life Satisfaction Index. *Educ Psychol Meas* 2002;62(4):674-84.	LS	"One dimension of healthy aging that has received a great deal of attention is the construct of psychological well-being, which has been conceptualized, for example, in terms of adjustment, morale, competence, contentment, happiness, and life satisfaction... Researchers interested in successful or optimal outcomes in later life have defined the construct of psychological well-being in a variety of ways (e.g., Bradburn, 1969; Lawton, Kleban, & diCarlo, 1984; Ryff, 1989, 1995). As discussed by Neugarten, Havighurst, and Tobin (1961), early attempts to examine well-being typically took one of two approaches. The first approach utilized social criteria of success and focused on the behavior of the individual; here, well-being was defined as a function of one's social participation and the relative continuity in social participation from midlife to late life. A second approach (see Neugarten et al., 1961), in contrast, defined well-being in terms of one's internal frame, which includes a subjective evaluation of one's own present and/or past life. Although elements of one or both of these approaches have been used to develop a variety of scales, the original life satisfaction scales were crafted using the second approach to tap into an individual's own evaluations of well-being." (p. 674-675)
Clinton-McHarg T, Carey M, Sanson-Fisher R, et al. Measuring the psychosocial health of adolescent and young adult (AYA) cancer survivors: a critical review.	QoL	"The widely accepted World Health Organisation (WHO) definition of health encompasses physical, mental and social aspects of well-being, all of which are inextricably linked and contribute to the global health of the individual (Boyle & Levin, 2008). This necessitates the use of multi-dimensional rather than uni-dimensional measures in order to develop a comprehensive assessment of the health of an individual (Bloom et al., 2007). Multi-dimensional measures of health assess elements of physical, psychological, social, and

Health Qual Life Outcomes 2010;8:25.		often spiritual well-being (Bloom et al., 2007). For cancer patients, these generally include measures of quality of life (QoL) and perceived need. QoL measures assess an individual's perception of their current health status compared with their health expectations (Bloom et al., 2007; Calman, 1987). In contrast, measures of perceived need identify the needs individuals regard as being unmet and the magnitude of help likely to be required to address them (Bonevski et al., 2000; Rainbird et al., 2005)." (p. 2)
Edwards B, Ung L. Quality of life instruments for caregivers of patients with cancer: a review of their psychometric properties. *Cancer Nurs* 2002;25(5):342-9.	QoL	"From the studies reviewed, it is clear that quality of life as it relates to caregivers has a number of aspects. These aspects include physical (Jensen & Given, 1991; Jepson et al., 1999; Oberst & Scott, 1988; Siegel et al., 1991; Steele & Fitch, 1996), social (Kurtz et al., 1995; McCorkle et al., 1993; Nijboer et al., 1999; Siegel et al., 1991), financial (Jensen & Given, 1991; McCorkle et al., 1993; Siegal et al., 1991), and psychological well-being (Baider et al., 1998; Northouse et al., 2000; Northouse et al., 1998) as well as caregiver burden (Stetz, 1987; Given et al., 1990) and family functioning (Allen et al., 1999; Given et al., 1990; Jepson et al., 1999; Lewis et al., 1989; Northouse et al., 2000; Northouse et al., 1998). Instruments that measure the quality of life of caregivers of patients with cancer must reflect these aspects of caregivers' quality of life." (p. 343)
Li C, Tsoi EWS, Zhang AL, et al. Psychometric properties of self-reported quality of life measures for people with intellectual disabilities: A systematic review. *J Dev Phys Disabil* 2013;25(2):253-70.	QoL	"Eight core QOL domains have been identified and cross-culturally validated (Brown et al. 2009; Schalock et al. 2002); and are often mentioned in different QOL instruments. They are social inclusion (e.g., community integration, residential environment), self-determination (e.g., autonomy, choice), personal development (e.g., education and rehabilitation), rights (e.g., privacy, citizenship), interpersonal relations (e.g., friendship, social network), emotional well-being (e.g., contentment, self-concept), physical wellbeing (e.g., health, leisure), and material well-being (e.g., employment, transportation; Cummins 2004b; Schalock et al. 2002; Wang et al. 2010)." (p. 254)
Makai P, Brouwer WB, Koopmanschap MA, et al. Quality of life instruments for economic evaluations in health and social care for older people: a systematic	QoL / wellbeing	"There are two main conceptualizations relevant for the scope of wellbeing instruments. The first one focuses on wellbeing as an inherently subjective concept and thus holds that wellbeing does not contain health dimensions (Morgan, Grootendorst, Lexchin, Cunningham, & Greyson, 2011). By distinguishing between functional HrQol dimensions and subjective wellbeing dimensions, both HrQol and wellbeing are components of the

review. *Soc Sci Med* 2014;102:83-93.		overarching concept of Qol. The second conceptualization treats wellbeing as representing individuals' welfare (Nussbaum,1993), which is dependent on individuals' functioning, thus encompassing HrQol dimensions (see Fig.1). In this view, wellbeing can be seen as synonymous with overall Qol. In this paper, well-being will be referred to in the latter meaning." (p. 84)
Townsend-White C, Pham ANT, Vassos MV. A systematic review of quality of life measures for people with intellectual disabilities and challenging behaviours. *J Intellect Disabil Res* 2012;56(3):270-84.	QoL	"QOL is associated with human values including happiness, satisfaction, general feelings of well-being and opportunities to achieve personal potential (Cummins 1991; Schalock 2000; Brown & Brown 2009). Quality of life is a multidimensional phenomenon composed of core domains and elements that are influenced by personal characteristics and environmental and contextual variables (Verdugo et al. 2005). Domains and specific indicators of QOL have been identified and critically assessed (Brown & Brown 2009). QOL domains include those that are common to all humans and additional domains that may be unique to the individual (Lyons 2005; Verdugo et al. 2005). There is international consensus about the dimensions of QOL (Schalock et al. 2002; Brown & Brown 2009). Eight core QOL domains have been identified and validated in a series of cross-cultural studies: emotional well-being, interpersonal relationships, material well-being, personal development, physical well-being, self-determination, social inclusion and rights (Schalock 2000; Beadle-Brown et al. 2009; Wang et al. 2010). When aggregated, these domains represent the total QOL construct." (p. 271-272)
Weldam SWM, Schuurmans MJ, Liu R. Evaluation of Quality of Life instruments for use in COPD care and research: A systematic review. *Int J Nurs Stud* 2013;50(5):688-707.	QoL	"Despite the absence of an agreed definition of QoL, it is usually defined as an individual's perception of the position in life or life satisfaction (Moons et al., 2006), affected in a complex way by physical health, psychological state, level of independence, social relationships and personal beliefs (Carr et al., 2001; Rosenberg, 1995; Jones, 1995). These perceptions can vary between individuals faced with ostensibly the same circumstances, and within an individual and overtime (Carr et al., 2001)." (p. 689)
Mast BT, Molony SL, Nicholson N, et al. Person-centered assessment of people living with dementia: Review of existing	Other (person-centered)	"We focused our analysis on measures that help researchers and care providers better understand the person, their social relationships, and the care environment. These categories reflect three components of quality of life (QOL) proposed by Gitlin and Hodgson (Gitlin & Hidgson, 2018): psychological well-being, perceived valuation or

measures. *Alzheimers Dement* 2021;7(1):e12138.		appraisal of life (meaning and personal agency), and the physical and social environment." (p. 2-3)
Stoner CR, Stansfeld J, Orrell M, et al. The development of positive psychology outcome measures and their uses in dementia research: A systematic review. *Dementia (London)* 2019;18(6):2085-106.	Other (Positive Psychology outcomes)	"Positive psychology may be the next step within this framework and refers to the use of empirical approaches to examine human strengths and capabilities that contribute to well-being, sometimes called 'flourishing' (Seligman, 2002). This theory is beginning to be applied to dementia populations, for example, the role of hope (Wolverson, Clarke, & Moniz-Cook, 2010) and humour (Clarke & Irwin, 2016). People with dementia are capable of using these strengths to actively seek enjoyment and pleasure but there has been no quantitative research to supplement the qualitative findings. As positive psychology refers to the scientific study of wellbeing, quantitative measurement of positive constructs is needed." (p. 2086)

Note. EWB = Emotional Well-being, LS = Life Satisfaction, QoL = Quality of Life.

Appendix B

Psychometric Indicators Reported in the Included Reviews

Citation	Reliability [a]	Validity [a]	Sensitivity to Change	Usability [a]	Level of detail in tables	Level of detail in narrative
Afentou N, Kinghorn P. A systematic review of the feasibility and psychometric properties of the ICEpop CAPability Measure for Adults and its use so far in economic evaluation. *Value Health* 2020;23(4):515-26.		Construct Content	✓	Feasibility Resource allocation	●●○○	●●●○
Ambrosio L, Navarta-Sánchez MV, Carvajal A, et al. Living with chronic illness from the family perspective: An integrative review. *Clin Nurs Res* 2021;30(5):579-90.	Cronbach	Concurrent Construct Content Convergent			●●●○	●●○○
Bart R, Ishak WW, Ganjian S, et al. The assessment and measurement of wellness in the clinical medical setting: A systematic review. *Innov Clin Neurosci* 2018;15(9-10):14-23.	Reliability	Validity			●●○○	●●●●
Bentley N, Hartley S, Bucci S. Systematic review of self-report measures of general mental health and wellbeing in adolescent mental health. *Clin Child Fam Psychol Rev* 2019;22(2):225-52.	Internal consistency				●●○○	●●○○
Bowling A, Rowe G, Adams S, et al. Quality of life in dementia: A systematically conducted narrative review of dementia-specific measurement scales. *Aging Ment Health* 2015;19(1):13-31. [b]	Internal consistency Inter-rater Test-retest	Construct Content Criterion Known group differences	✓	Acceptability Respondent burden	●●○○	●●○○
Cagney KA, Wu AW, Fink NE, et al. Formal literature review of quality-of-life instruments used in end-stage renal disease. *Am J Kidney Dis* 2000;36(2):327-36.	Internal consistency Interrater Test-retest	Concurrent Construct Content Convergent Discriminant Predictive	✓		●○○○	●●○○

Charlemagne-Badal SJ, Lee JW, Butler TL, et al. Conceptual domains included in wellbeing and life satisfaction instruments: A review. *Appl Res Qual Life* 2015;10(2):305-28.	Internal consistency Test-Retest	Construct			●●●●	●●○○
Chen Y, Hicks A, While AE. Quality of life of older people in China: A systematic review. *Rev Clin Gerontol* 2013;23(1):88-100.	Reliability	Criterion			No tables	●●●○
Clinton-McHarg T, Carey M, Sanson-Fisher R, et al. Measuring the psychosocial health of adolescent and young adult (AYA) cancer survivors: a critical review. *Health Qual Life Outcomes* 2010;8:25.	Internal consistency Test-retest	Construct Face Content Criterion	✓	Acceptability Cross-cultural Feasibility	●●●●	●●○○
Crouch MK, Mack DE, Wilson PM, et al. Variability of coefficient alpha: An empirical investigation of the scales of psychological wellbeing. *Rev Gen Psychol* 2017;21(3):255-68.	Reliability				●●●●	●●●●
Davis E, Waters E, Mackinnon A, et al. Paediatric quality of life instruments: A review of the impact of the conceptual framework on outcomes. *Dev Med Child Neurol* 2006;48(4):311-8.	Reliability	Validity			●○○○	●○○○
Davis E, Young D, Gilson KM, et al. A Rights-Based Approach for Service Providers to Measure the Quality of Life of Children with a Disability. *Value Health* 2018;21(12):1419-27.	Internal consistency Test-retest	Construct Criterion Structural	✓		●●○○	●●●○
Dow J, Robinson J, Robalino S, et al. How best to assess quality of life in informal carers of people with dementia: A systematic review of existing outcome measures. *PLoS One* 2018;13(3).	Internal consistency	Construct Content Criterion Cross-cultural Structural	✓		●●○○	●●●○
Dronavalli M, Thompson SC. A systematic review of measurement tools of health and well-being for evaluating community-based interventions. *J Epidemiology Community Health* 2015;69(8):805-15.	Cronbach's alpha Test-retest	Validity	✓		●●●○	●●○○

Edwards B, Ung L. Quality of life instruments for caregivers of patients with cancer: a review of their psychometric properties. *Cancer Nurs* 2002;25(5):342-9.	Internal consistency	Content Convergent Discriminant Known groups			●●●●	●●○○
Eiser C, Morse R. The measurement of quality of life in children: past and future perspectives. *J Dev Behav Pediatr* 2001;22(4):248-56.	Reliability	Validity			Authors interpreted degree of evidence, but did not specify types of evidence nor summarize evidence	Authors summarized the degree of psychometric evidence available across included measures rather than for individual measures
Epton J, Harris R, Jenkinson C. Quality of life in amyotrophic lateral sclerosis/motor neuron disease: A structured review. *Amyotroph Lateral Scler* 2009;10(1):15-26. [b]	Test-retest	Concurrent Construct Face	✓		●●○○	●●○○
Flynn S, Vereenooghe L, Hastings RP, et al. Measurement tools for mental health problems and mental well-being in people with severe or profound intellectual disabilities: A systematic review. *Clin Psychol Rev* 2017;57:32-44.	Internal consistency Inter-rater Test-retest	Construct Content Criterion			●●○○	●●●●
Hellebrekers DMJ, Lionarons JM, Faber CG, et al. Instruments for the assessment of behavioral and psychosocial functioning in Duchenne and Becker muscular dystrophy; a systematic review of the literature. *J Pediatr. Psychol* 2019;44(10):1205-23.	Internal consistency Inter-rater Test-retest	Construct Content Convergent	✓	Applicability	●●○○	●●●○
Hill MR, Noonan VK, Sakakibara BM, et al. Quality of life instruments and definitions in individuals with spinal cord injury: a systematic review. *Spinal Cord* 2010;48(6):438-50.	Inter-interviewer Internal consistency Intro-interviewer	Convergent Discriminant Factorial Structure			●●●●	●●●○

	Test-retest					
Janssens A, Rogers M, Coon JT, et al. A systematic review of generic multidimensional patient-reported outcome measures for children, part II: Evaluation of psychometric performance of English-language versions in a general population. *Value Health* 2015;18(2):334-45. [b]	Internal consistency Proxy Test-retest	Construct Content Structural	✓		●●○○	●●●○
Jay CL, Butt Z, Ladner DP, et al. A review of quality of life instruments used in liver transplantation. *J Hepatol* 2009;51(5):949-59.	Internal consistency Test-retest	Construct Criterion	✓	Burden	●●●○	●●●○
Klassen AF, Strohm SJ, Maurice-Stam H, et al. Quality of life questionnaires for children with cancer and childhood cancer survivors: A review of the development of available measures. *Support Care Cancer* 2010;18(9):1207-17.	Internal consistency Item-total consistency Item-total correlations Test-retest	Construct Convergent Divergent Known groups	✓	Acceptability	●●○○	●●●○
Levterova BA, Dimitrova DD, Levterov GE, et al. Instruments for disease-specific quality-of-life measurement in patients with type 2 diabetes mellitus--a systematic review. *Folia Med (Plovdiv)* 2013;55(1):83-92.	Internal consistency	External			No tables	●●○○
Li C, Tsoi EWS, Zhang AL, et al. Psychometric properties of self-reported quality of life measures for people with intellectual disabilities: A systematic review. *J Dev Phys Disabil* 2013;25(2):253-70.	Internal consistency Inter-rater Proxy concordance Test-retest	Content Convergent Discriminant Factorial			●●●●	●●●●
Lindert J, Bain PA, Kubzansky LD, et al. Well-being measurement and the WHO health policy Health 2010: Systematic review of measurement scales. *Eur J Public Health* 2015;25(4):731-40.	Internal consistency Test-retest	Concurrent Criterion Discriminant	✓	Cultural, gender, age sensitivity Social desirability	●●○○	●●○○
Luquiens A, Reynaud M, Falissard B, et al. Quality of life among alcohol-dependent patients: How	Internal consistency				No tables	●●●○

satisfactory are the available instruments? A systematic review. *Drug Alcohol Depend* 2012;125(3):192-202.	Test-retest					
Makai P, Brouwer WB, Koopmanschap MA, et al. Quality of life instruments for economic evaluations in health and social care for older people: a systematic review. *Soc Sci Med* 2014;102:83-93.	Not specified	Not specified			●●○○	●●●○
Martín-María N, Lara E, Cresswell-Smith J, et al. Instruments to evaluate mental well-being in old age: a systematic review. *Aging Ment Health* 2021;25(7):1191-205.	Internal consistency Test-retest	Content Criterion Construct Structural			●●○○	●●○○
Mast BT, Molony SL, Nicholson N, et al. Person-centered assessment of people living with dementia: Review of existing measures. *Alzheimers Dement* 2021;7(1):e12138.	Internal consistency Test-retest	Convergent Discriminant			●●●○	●●●○
Mierau JO, Kann-Weedage D, Hoekstra PJ, et al. Assessing quality of life in psychosocial and mental health disorders in children: A comprehensive overview and appraisal of generic health related quality of life measures. *BMC Pediatr* 2020;20(1). [b]	Internal consistency	Content Criterion Construct	✓	Feasibility	●●●●	●●●●
Newton D, Day A, Gillies C, et al. A review of evidence-based evaluation of measures for assessing social and emotional well-being in indigenous Australians. *Aust Psychol* 2015;50(1):40-50.	Test-retest Internal consistency	Concurrent Construct Convergent Face Predictive	✓	Acceptability	No tables	●●○○
Pollard EL, Lee PD. Child well-being: A systematic review of the literature. *Soc Indic Res* 2003;61(1):59-78.	Inter-rater Cohen's Kappa Test-retest				●●●○	No psychometrics in narrative
Proctor C, Linley PA, Maltby J. Youth life satisfaction measures: A review. *J Posit Psychol* 2009;4(2):128-44.	Alpha				●●●●	●●●●
Rose T, Joe S, Williams A, et al. Measuring mental wellbeing among adolescents: A systematic review of instruments. *J Child Fam Stud* 2017;26(9):2349-62.	Reliability	Concurrent Construct Criterion Factorial	✓	Acceptability Comprehensibility	●○○○	●●○○

Santana-Berlanga NDR, Porcel-Gálvez AM, Botello-Hermosa A, et al. Instruments to measure quality of life in institutionalised older adults: Systematic review. *Geriatr Nurs* 2020;41(4):445-62. [b]	Internal consistency	Construct Content Criterion	✓		●●●●	●●○○
Speight J, Reaney MD, Barnard KD. Not all roads lead to Rome - A review of quality of life measurement in adults with diabetes. *Diabet Med* 2009;26(4):315-27.	Internal consistency Test-retest	Convergent/ divergent Face/content Known groups/ concurrent	✓	Acceptability	●●○○	●●○○
Stoner CR, Stansfeld J, Orrell M, et al. The development of positive psychology outcome measures and their uses in dementia research: A systematic review. *Dementia (London)* 2019;18(6):2085-106. [b]	Internal consistency Reproducibility reliability	Construct Content Criterion	✓	Interpretability	●●●●	●●●○
Strada L, Vanderplasschen W, Buchholz A, et al. Measuring quality of life in opioid-dependent people: a systematic review of assessment instruments. *Qual Life Res* 2017;26(12):3187-200.	Reliability	Construct Content	✓		●●○○	●●○○
Thunold RF, Løkke A, Cohen AL, et al. Patient reported outcome measures (PROMs) in sarcoidosis. *Sarcoidosis Vasc Diffuse Lung Dis* 2017;34(1):2-17.	Internal consistency	Convergent Divergent			No tables	●●○○
Topp CW, Østergaard SD, Søndergaard S, et al. The WHO-5 Well-Being Index: A systematic review of the literature. *Psychother Psychosom* 2015;84(3):167-76. [b]		Index of validity	✓		●●●●	●●○○
Townsend-White C, Pham ANT, Vassos MV. A systematic review of quality of life measures for people with intellectual disabilities and challenging behaviours. *J Intellect Disabil Res* 2012;56(3):270-84.	Internal consistency Inter-rater Test-retest	Construct Content Convergent Discriminant Face			●●●○	●●○○
Tsang KLV, Wong PYH, Lo SK. Assessing psychosocial well-being of adolescents: A	Cross-informant agreement	Construct Contrast or predictive	✓	Respondent and	●●●●	●●●○

systematic review of measuring instruments. *Child Care Health Dev* 2012;38(5):629-46. [b]	Internal consistency Inter-rater Test-retest	Concurrent Convergent Divergent		administrator burden		
Vassar M. A note on the score reliability for the Satisfaction With Life Scale: An RG study. *Soc Indic Res* 2008;86(1):47-57.	Alpha				●●●●	●●●●
Walker H, Tulloch L, Martin C. Are they worth it? A systematic review of QOL instruments for use with mentally disordered offenders who have a diagnosis of psychosis. *Br J Forensic Pract* 2012;14(4):252-68.	Internal consistency Test-retest	Content Criterion			●●●●	●●○○
Wallace KA, Wheeler AJ. Reliability generalization of the Life Satisfaction Index. *Educ Psychol Meas* 2002;62(4):674-84.	Reliability				●●●●	●●●○
Webb R, Ayers S, Rosan C. A systematic review of measures of mental health and emotional wellbeing in parents of children aged 0-5. *J Affect Disord* 2018;225:608-17.	Internal consistency Test-retest	Criterion Discriminant			No tables with relevant measures	●●●●
Weldam SWM, Schuurmans MJ, Liu R. Evaluation of Quality of Life instruments for use in COPD care and research: A systematic review. *Int J Nurs Stud* 2013;50(5):688-707.	Internal consistency Reliability	Construct Content	✓		●●○○	●●○○
Wettergren L, Kettis-Lindblad A, Sprangers M, et al. The use, feasibility and psychometric properties of an individualised quality-of-life instrument: a systematic review of the SEIQoL-DW. *Qual Life Res* 2009;18(6):737-46.		Convergent Discriminant			●●○○	●●●●

Note. ●○○○ = Listed types of testing, no summary of results; ●●○○ = Global summaries; ●●●○ = Global summaries with some examples; ●●●● = Detailed psychometrics. These classifications are not an assessment of quality or rigor, but instead information for the reader to use in choosing reviews to explore further. To present psychometric properties that authors reported across measures, we report those used as table column headings. In the cases of articles having no tables, we returned to the narrative to determine the psychometric properties reported.

[a] We report the psychometric terms reported by authors, but a critical appraisal of each source of evidence was beyond the scope of this review.

[b] Authors also reported measurement error, diagnostic accuracy or specificity, factor analysis, or floor and ceiling effects.